STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676187	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage House of Marshall Health & Rehabilitation	5915 Elysian Fields Road Marshall, TX 75672

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 - Few	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** 31675 Based on interview, and record review, the facility failed to provide Pharmaceutical Services that accuratly ensured the facility met the needs of each Resident for 1 of 29 residents reviewed for pharmacy services. (Resident #1) 1. The facility failed to ensure LVN A followed the facility's policy to reconcile medications for Resident #1 when admitted on [DATE]. 2. The facility failed to ensure LVN B followed the facility's policy to reconcile medications for Resident #1 when discharging on 09/26/23. This failure could place residents at risk of drug diversion and misuse of medication. Findings included: Review of Resident #1's on face sheet dated 05/25/24 showed Resident #1 was an [AGE] year-old female admitted on [DATE] with diagnoses of Mycoplasma Pneumonia (Walking Pneumonia), Sepsis (Infection), Hypertension (High blood pressure), and Chronic Kidney disease, Stage 4 (Severe). Resident #1 was discharged on [DATE]. Review of Resident #1's physician orders dated 05/25/24 showed on 09/23/23 Resident #1 was admitted for eight days of Respite Care with prescriptions for Hydrocodone-Acetaminophen oral tablet 7.5-325 MG as needed for pain, Carafate Oral Tablet 1 GM, Docusate Sodium oral tablet 100 MG, and Simvastatin oral tablet 40 MG, and Gabapentin oral tablet 600 MG. During an interview on 05/25/24 at 2:15 PM, the Family Member (FM) said 09/23/23 was not the first time Resident #1 had received respite care at the facility. The FM said when she picked up the medication, after Resident #1's discharge, LVN B did not go over the medication or have her sign anything. The FM said the other time Resident #1 stayed at the facility the discharging nurse went over each medication and had her sign for the medications. The FM said when she arrived home, she noticed there was some medications missing. The FM said she did not remember the names of the medications, but they were medications Resident #1 used every day. The FM said when she called the facility and asked about the missing medications, she was told they did not have them. FM said it was not Resident #1's pain medication. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676187	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage House of Marshall Health & Rehabilitation	5915 Elysian Fields Road Marshall, TX 75672

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 - Few	During an interview on 05/25/24 at 3:00 PM, LVN A said he was the nurse that admitted Resident #1 on 09/23/23. LVN A said Resident #1's family brought Resident #1's medication with them when Resident #1 was admitted . LVN A said he counted the Hydrocodone 7.5-325 MG and completed a count sheet and placed the Hydrocodone 7.5-325 MG in the medication cart. LVN A said he did not complete a Release of Responsibility for Medication Form. LVN A said he took the rest of Resident #1's medication and put it in a bag and locked it in the medication room with Resident #1's name on it. LVN A said he contacted the pharmacy and ordered Resident #1's prescribed medications and did not use any of the medication brought by Resident #1's family other than 1 Hydrocodone 7.5-325 MG which he documented on the Count sheet. LVN A said he should have written down all the medications and documented the medication on the Release of Responsibility for Medication Form and had the family member sign. LVN A said he had been trained to complete the form on admission and discharge and to have the resident or the responsible party sign the form. LVN A said he did not reconcile Resident #1's medication brought to the facility by family as policy required. During an Interview on 05/26/24 at 8:46 AM LVN B said Resident #1 was sent to the hospital on 09/26/23 due to a change in condition. LVN B said a few days later, Resident #1's family came to the facility to pick up Resident #1's medications. LVN B said he gave the medication to the family and had them sign a Release of Responsibility for Medication Form. LVN said he put the form in the medical records box, During an Interview on 05/25/24 at 2:10 PM, the DON said she was not able to find any documentation showing LVN A or LVN B reconciled medication for Resident #1 when admitted on [DATE] and discharged [DATE]. DON said both nurses should have reconciled the medications, completed a Release of Responsibility for Medication Form, and had the responsible party sign according to the facility's policy. DON said LVN A and LVN B failed to reconcile Resident #1's medication and document as required by policy. During an interview on 05/25/24 at 12:50 PM, the Administrator said it was the policy of the facility that all medications were counted and signed for by the Resident or responsible party when being released from the facility. The Administrator said staff had been trained on counting narcotics and documenting the number of pills at the end of each shift and narcotics were to be signed for when discharging a resident. The Administrator said the LVN B failed to have Resident #1's responsible party sign for the medication when the family picked up the medication after discharge. The Administrator said all nursing staff would receive in-service training on reconciling medications when admitting and discharging a resident. The Administrator said there had not been any in-service training since Resident #1's release on 09/26/23. Review of the facilities policy for Discharge Medication dated December 2016 and provided by the Administrator on 05/25/24 reflected .medications shall be sent with the resident upon discharge . (4) The nurse will reconcile pre-discharge medications with the resident's post-discharge medications. The medication reconciliation will be documented . (6) The nurse shall complete the medication disposition records, including: . j. the signature of the person receiving the medications; and k. The signature of the nurse releasing the medications . 7. The nurse staff shall forward completed drug disposition to medical records. The complete list of the resident's medications shall also be provided to the resident upon discharge.