

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2026
NAME OF PROVIDER OR SUPPLIER Jefferson Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3840 Pointe Parkway Beaumont, TX 77706	
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** Based on interviews and record reviews, the facility failed to provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 of 8 (Resident #1) reviewed for pharmacy services. The facility failed to hold Resident #1's blood pressure medication (Midodrine-used to treat severe low blood pressure, particularly orthostatic hypotension, by constricting blood vessels to raise blood pressure) when the blood pressure and/or heart rate was outside the prescribed parameters. This failure could place the residents at risk for adverse consequences and decline in health. Findings included: Record review of Resident #1's face sheet dated 06/30/26 indicated she was an [AGE] year-old female, admitted on [DATE] and her diagnosis included acute respiratory failure with hypoxia (lungs cannot adequately oxygenate the blood, leading to insufficient oxygen levels in the body tissues), cerebral infarction (stroke), dependence on renal dialysis (a condition where patients require ongoing dialysis treatment due to kidney failure, typically from chronic kidney disease or acute kidney injury), diabetes (affects how the body uses blood sugar), essential (primary) hypertension (persistently elevated blood pressure-typically above 120/80), and chronic kidney disease (a progressive condition where the kidneys gradually lose function over time, often due to diabetes, high blood pressure, or other underlying health issues. Record review of Resident #1's admission MDS dated [DATE] indicated she was rarely able to make herself understood, rarely able to understand others. Her cognitive skills for daily decision making were severely impaired. Hypertension was included as one of Resident #1's diagnoses. Record review of Resident #1's physician orders dated 06/24/26 indicated Midodrine HCl oral tablet 10 mg -give one tablet via peg tube (a feeding tube inserted directly into the stomach to provide nutrition when a person cannot eat or swallow safely) three times a day for hypotension (abnormally low blood pressure)- hold for bp >120/60 pulse greater than 90. Record review of Resident #1's June 2026 MAR indicated Midodrine HCl oral tablet 10 mg -give one tablet via peg tube three times a day for hypo tension- hold for bp >120/60 pulse greater than 90. On 06/25/26 at 8:00 a.m., LVN A documented she administered Resident #1's Midodrine 10 mg when her vital signs were out of parameters (BP was 150/44). On 06/26/26 at 8:00 p.m., LVN B administered Resident #1's Midodrine 10 mg when her vital signs were out of parameters (BP was 140/53). During an interview on 06/30/26, LVN A said she did not recall seeing the parameters for Resident #1's Midodrine and she probably did administer the medication on 06/25/26 at 8:00 a.m. She said giving medications outside of parameters could have adverse effects. She said she was trained to give medications according to physician orders and that included following parameters. She said she did not obtain orders to give the Midodrine outside of parameters. During an interview on 06/30/26 at 1:18 p.m., NP C said Resident #1's Midodrine should have been administered per parameters. She said the Midodrine would further rise the BP. She said she would have held the Midodrine per physician orders and parameters unless the facility had obtained an order otherwise. She said giving medications outside of parameters could have adverse effects. During an interview on 07/01/26 at 10:09 a.m., LVN B said she administered Resident #1's Midodrine on (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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Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	06/26/26 at 8:00 p.m. She said she should have held the Midodrine because Resident #1's BP was outside of the physician ordered parameters. She said she could not give a reason or say why she did not hold the medication when she was aware of the parameters. She said giving medications outside of parameters could have adverse effects. She said she did not obtain orders to give the Midodrine outside of parameters. She said she was trained to give medications according to physician orders and that included following parameters. During an interview on 07/01/26 at 2:04 p.m., the DON said her expectations was for all medications to be administered per physician orders including according to parameters. She added this failure could result in adverse effects for the resident. During an interview on 07/01/26 at 2:29 p.m., the Medical Director said medication should be administered per physician orders. He said it was not likely to be life threatening to administer Resident #1's Midodrine outside of the parameters of hold for bp >120/60 pulse greater than 90. He said low BP was life threatening and the Midodrine was used to prevent pressure drop. A facility's Medication Administration policy dated 10/24/22 indicated . 8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside of the physician's prescribed parameters.		