STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676220	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Mesa Health Center	1401 Max Copeland Dr Marble Falls, TX 78654

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949 Based on interviews and record review, the facility failed to ensure that residents who needed respiratory care were provided with such care, consistent with professional standards of practice for one (Resident #1) of three residents reviewed for respiratory care. The facility failed to ensure RN A documented Resident #1's response to oxygen therapy after she administered a nebulizer treatment on 04/03/25. This deficient practice could place residents that receive oxygen therapy at risk for inadequate care and respiratory distress. Findings included: Review of Resident #1's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including cerebral infarction (stroke), dysphagia (difficulty in swallowing), and muscle wasting and atrophy (wasting away). Review of Resident #1's admission MDS assessment, dated 03/06/25, reflected a BIMS was not conducted due to him rarely/never being understood. Section O (Special Treatments, Procedures, and Programs) reflected he did not require respiratory treatments. Review of Resident #1's admission care plan, dated 03/10/25, reflected he had a cerebral vascular accident with an intervention of taking vital signs and documenting them as ordered. Review of Resident #1's physician order, dated 03/15/25, reflected an order for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML - 1 vial inhale orally three times a day for SOB. Review of Resident #1's MAR, dated April 2025, reflected he last received his nebulizer treatment on 04/03/25 at 9:14 PM. Review of Resident #1's progress notes in his EMR, on 04/09/25, reflected no documentation by RN A after the nebulizer treatment on 04/03/25 at 9:14 PM. Review of Resident #1's vitals in his EMR, on 04/09/25, reflected no vitals were taken after 3:37 PM on 04/03/25. (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
	676220	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Mesa Health Center	1401 Max Copeland Dr Marble Falls, TX 78654

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/09/25 at 10:53 AM, Resident #1's NP stated she would expect nurses to assess all residents within an hour after nebulizer treatments to ensure they were responsive to the treatment. She stated a negative outcome of not assessing after a treatment could be hypoxia (low levels of oxygen in body tissues) or an increased pulse rate. During an interview on 04/09/25 at 12:40 PM, the DON stated if there was an acute change with a resident's vitals, such as low oxygen saturation or a high temperature, she would expect the nurses to continue to follow-up, monitor, and document their vitals throughout their shift or follow the orders from the NP. She stated a resident's vitals should be monitored after receiving oxygen therapy of any kind. She stated documentation was part of continuity of care and without it, the reader (of their EMR) could not get the whole view of the resident. She stated the resident could go without the care they needed, or their health could deteriorate. She stated she definitely had some education to do with the nurses after being informed of the lack of documentation/assessments by RN A after administering a nebulizer treatment to Resident #1. During an interview on 04/09/25 at 12:58 PM, RN A stated she did not follow up with Resident #1 after she administered the nebulizer treatment. She stated she should have assessed him 30 minutes after, and she must have forgotten. She stated it was important to assess after a nebulizer treatment to ensure the resident responded well to it and their heart rate had not increased significantly. Review of the facility's Documenting and Charting Policy, revised 07/2023, reflected the following: It is the policy of this facility to provide a complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care. Review of the facility's Aerosol Drug Delivery Policy, revised 12/2023, reflected the following: Check pulse before and after procedure. If deviated from resident's baseline pulse, delay treatment and notify physician.