

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER The Atrium of Bellmead		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Development Blvd. Bellmead, TX 76705	
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure PRN orders for psychotropic drugs were limited to 14 days for 1 (Resident #64) of 5 residents reviewed for unnecessary medications. The facility failed to ensure Resident #64's PRN prescription of Ativan (a medication used to treat the symptoms of anxiety) was discontinued after 14 days. The facility did not document a rationale for the continued provision of the medication. This failure could place residents at risk for adverse reactions and negative side effects from the administration of medication and dependence on unnecessary medications. Findings included: Review of Resident #64's significant change in status MDS assessment dated [DATE] reflected a [AGE] year-old female who was admitted to the facility on [DATE] with the following diagnoses: neurocognitive disorder with Lewy bodies (a type of progressive brain disease that impairs thinking, movement, behavior, and mood), psychotic disorder with hallucinations, muscle wasting, and difficulty walking. She had a BIMS score of 9, indicating moderate cognitive impairment. Review of Resident #64's comprehensive care plan dated 09/09/2024 reflected The resident uses anti-anxiety medication for dx of anxiety. Interventions included Give anti-anxiety medications ordered by physician. Monitor/document side effects and effectiveness. Antianxiety side effects: Drowsiness, lack of energy, Clumsiness, slow reflexes, Slurred speech, Confusion and disorientation, Depression, Dizziness, lightheadedness, Impaired thinking and judgment, Memory loss, forgetfulness, Nausea, stomach upset, Blurred or double vision. Record review of Resident #64's active physician order report dated 02/12/2026 reflected an order for Ativan Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth every 8 hours as needed for anxiety/ agitation/ restlessness dated 01/25/2026. Record review of Resident #64's Medication Administration Record for the month of February 2026 reflected there had been no administration of Ativan Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth every 8 hours as needed for anxiety/ agitation/ restlessness. In an interview and observation on 02/10/2026 at 2:12 p.m. Resident #64 was found to be awake and alert. She stated she was well taken care of. Resident #64 was talking about the Baptist church when inquiring about her care. In an interview on 02/12/2026 at 11:19 a.m. the ADON stated usually there was a 14 day stop date for all as needed psychoactive medications. She stated the ADONs run a report daily and review it to observe for current and discontinued medications to look and correct discrepancies within the orders. She stated she was not sure why Resident #64 did not have a stop date on her Ativan. It just must have been missed. The ADON stated a risk for residents for not having a stop date on as needed psychotropics could be over sedation. In an interview on 02/12/2026 at 11:39 a.m. the DON stated as needed psychotropic meds were to have a 14 day stop date. If the medication were to be continued the facility would get an extended letter from the physician. She stated the ADON and DON do order listing reports each morning and if they found a PRN medication without a stop date, they would contact the doctor and get clarification on the order. The DON stated risk to the resident for not having stop dates on as needed psychotropic medications was that the resident could continue to get medication used when it is not necessarily needed. Record review of facility policy titled Psychotropic Medication dated 2/12/2025 reflected Residents do not (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER The Atrium of Bellmead		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Development Blvd. Bellmead, TX 76705	
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and PRN orders for antidepressant, hypnotic, and anti-anxiety drugs are limited to 14 days. Except if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document the rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.		