STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676327	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Healthcare and Rehabilitation	1500 Cottonwood Creek Trail Cedar Park, TX 78613

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** 42949 Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate administering of all drugs and biologicals) to meet the needs of each resident for one (Resident #1) of three residents reviewed for pharmaceutical services. The facility failed to administer Resident #1's Amlodipine and Metoprolol (blood pressure medications) for eight days after being admitted to the facility on [DATE]. This failure could affect residents by putting them at risk of exacerbation and/or deterioration of their health conditions. Findings included: Review of Resident #1's undated face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including atrial fibrillation (irregular/rapid heart rhythm), history of stroke and heart attack, and hypertension (high blood pressure). Review of Resident #1's admission MDS assessment, dated 11/13/24, reflected a BIMS was not completed. Section I (Active Diagnoses) reflected she had hypertension. Review of Resident #1's admission care plan, dated 11/11/24, reflected she had altered cardiovascular status r/t acute stroke, hyperlipidemia (high cholesterol), hypertension, and A-fib with an intervention of administering medications per MD orders. Review of Resident #1's hospital discharge paperwork, dated 11/11/24, reflected orders for the following medications: Amlodipine Besylate Oral Tablet - 2.5 MG - once a day; Metoprolol Succinate ER Oral Tablet - take 25 MG once a day. Review of Resident #1's physician order, with a start date of 11/12/24 and a D/C date of 11/12/24 reflected Amlodipine Besylate Oral Tablet - 2.5 MG - give one tablet by mouth one time a day for HTN and Metoprolol Succinate ER- 25 MG Tablet - Give 1 tablet by mouth at bedtime related to HTN. . (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
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(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	Review of Resident #1's November 2024 MAR, reflected she was administered Amlodipine and Metoprolol on 11/12/24. Review of Resident #1's blood pressure readings in her EMR, dated 11/21/24, reflected the following: 11/21/24 7:56 AM - 200/90 mmHg 11/21/24 8:00 AM - 200/90 mmHg 11/21/24 8:01 AM - 200/90 mmHg Review of Resident #1's physician order, with a start date of 11/21/24, reflected Metoprolol Succinate ER- 25 MG Tablet - Give 1 tablet by mouth one time a day related to HTN. Review of Resident #1's November 2024 MAR reflected Amlodipine and Metoprolol were administered on 11/12/24 and no blood pressure medications were administered again until 11/21/24 when she was administered Metoprolol. During a telephone interview on 12/11/24 at 12:54 PM, LVN A stated Resident #1 was admitted from the hospital with blood pressure medication. He stated he gave the orders to the NP who okayed them, and he put them in the system. He stated he never discontinued the orders . During an interview on 12/11/24 at 1:46 PM, the DON stated there was a miscommunication between the nurse and NP regarding Resident #1's medications upon admission. She stated the NP wanted to discontinue one of the blood pressure medications and verbally told the nurse. She stated somehow both of the blood pressure medications got discontinued. She stated after this incident she conducted in-services on following hospital discharge orders and putting in orders after NP verification. She stated they no longer allow just a verbal order if the NP is in the facility. She stated a negative outcome of not being administered prescribed blood pressure medication could be a lot of things including cardiac issues . Review of a grievance form, dated 11/20/24 and voiced by Resident #1's RP, reflected the following: Concern/Details: Complaint of high BP and no one did anything about it . Meds were changed and discontinued that weren't to be changed . Action Taken: NP Restarted BP meds in question. Review of the facility's Medication and Treatment Orders Policy, revised July 2016, reflected the following: Orders for medications and treatments will be consistent with principles of safe and effective order writing. . 7. Verbal orders must be signed (written or e-signed) by the prescriber.