

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Mid Valley Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 601 N Mile 2 West Mercedes, TX 78570	
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 - Some	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 observation, interview and record review, 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 3 residents (Residents #1), reviewed for pharmaceutical services, in that: The facility failed to ensure Resident #1's physician was notified when his blood sugar levels were over 300, per physician's orders. This failure could place residents at risk delayed medication adjustments. Findings included: Record review of Resident #1's admission record, dated 06/10/26, reflected an [AGE] year-old male with a re-admission date of 09/17/25 and an original admission date of 07/25/24. His relevant diagnoses included abnormal glucose (blood sugar level falls outside the healthy range), nontraumatic intracranial hemorrhage (when a blood vessel ruptures inside the skull without a preceding injury), malignant neoplasm of bladder (bladder cancer), and dysphagia (difficulty or discomfort when swallowing). Record review of Resident #1's quarterly MDS assessment, dated 04/01/26, reflected a BIMS score of 13, which indicated his cognition was intact. Record review of Resident #1's quarterly care plan, dated 03/30/26, reflected a Focus: [Resident #1] have diabetes and I am at risk for complications associated with diabetes. Interventions included administer my medications as recommended by my doctor, monitor labs as indicated. Promptly report abnormal labs results and significant clinical findings to my doctor as indicated. Date initiated/created 07/26/24. Record review of Resident #1's physician summary order, dated 06/10/26, reflected an order for Insulin Aspart subcutaneous solution Pen-Injector 100 unit/ML (Insulin Aspart). Inject as per sliding scale: if 150-200= 1 unit 201-250= 2 units 251-300= 3 units 301-350= 4 units 351-400= 6 units Notify MD if less than 60 or greater than 300, subcutaneously before meals. Start date 03/11/2026. Record review of Resident #1's physician summary order, dated 06/10/26, reflected an order for Lantus Solostar Subcutaneous Solution Pen-injector 100 unit/ML (insulin Glargine) inject 5 units subcutaneously one time a day for hyperglycemia (high blood sugar levels), hold if less than 120 mg/ml, effective 03/23/26. Record review of Resident #1's June 2026 medication administration record reflected Lantus had been administered from 06/01/26 to 06/09/26 at 5:00 p.m. Record review of Resident #1's June 2026 medication administration record reflected his blood sugar was checked and insulin administered from 06/01/26 to 06/10/26 at 7:00 a.m., 11:00 a.m., 4:00 p.m. Resident #1's readings over 300 were as followed: 06/04/26-305-4 units administered by LVN A at 7:00 a.m. 06/05/26-400-6 units administered by LVN A at 11:00 a.m. 06/08/26-386-6 units administered by LVN A at 7:00 a.m. 06/09/26-389-6 units administered by LVN A at 7:00 a.m. During an observation and interview on 06/10/26 at 11:30 a.m., Resident #1 was observed lying in bed awake. He was observed having a continuous glucose monitoring device on his left upper arm. Resident #1 said he was feeling well and was not in pain. He said nursing staff administered his medications several times a day. During an interview and observation on 06/10/26 at 11:49 a.m., LVN A said she was Resident #1's charge nurse. She said Resident #1 had a continuous glucose monitoring device on his left arm, which was used to check his blood sugar levels. She said Resident #1's blood sugar readings were continuously high throughout (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676414
		If continuation sheet Page 1 of 3

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	visit him at least 2 times a week. He said Resident #1 was doing fine. The NP said the facility's nursing staff would notify him if his blood sugar readings were over 400. The NP said at some point Resident #1's insulin sliding scale had a parameter if his blood sugar was below 60 or above 400 to notify him. The NP said in his medical opinion, there were no negative outcomes to Resident #1 not having his blood sugar readings reported to him when they were over 300. He said Resident #1 was being administered his blood sugar medications 4 times a day and had not had a change of condition related to his blood sugar readings and was being closely monitored by nursing staff and himself. Record review of the facility's Medication Administration policy, dated March 2019 and revised on January 2024 reflected: Compliance Guidelines:Resident medications are administered in an accurate, safe, timely, and sanitary manner. Responsible Disciplines:Licensed Nurses, C.M.A.s 2. Verify the medication label against sheet for accuracy of drug frequency, duration, strength, and route.a. The nurse/medication aide shall be responsible to read and follow precautionary or instructions on prescription labels.		