

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER Bluebonnet Point Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Heritage Springs Drive Bullard, TX 75757	

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)
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>(continued on next page)</p>

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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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to immediately consult with the resident's physician and notify the resident representative of a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications) for 1 (Resident #1) of 10 residents reviewed for notification of changes. The facility failed to notify Resident #1's physician when they did not administer his valproic acid, topiramate, levetiracetam, and lacosamide on 07/22/25-07/25/25 as ordered. The facility failed to notify Resident #1's physician after he had a seizure on 07/25/25. The noncompliance was identified as PNC. The Immediate Jeopardy (IJ) began on 07/22/2025 and ended on 07/26/2025. The facility had corrected the noncompliance before the survey began. Findings included: Record Review of Resident #1's face sheet dated 07/27/25 indicated the resident was a [AGE] year-old male with an original admission date of 07/10/2025 and readmission date of 07/22/2025. The resident had diagnoses including acute respiratory failure with hypoxia (a life threatening condition where the lungs cannot adequately oxygenate the blood, resulting in low blood oxygen levels), epilepsy with status epilepticus (a serious neurological condition where seizures are prolonged or occur frequently without recovery between them, posing a risk of brain damage), stroke, and high blood pressure. Record Review of Resident #1's readmission assessment note dated 07/22/2025 indicated there was no BIMS score due to resident's inability to answer questions. Resident #1 was alert but unable to speak due to the presence of a tracheostomy tube (a curved hollow tube inserted into a surgically created opening in the neck to create and airway into the windpipe), he had an indwelling urinary catheter and was incontinent of bowel, required extensive to total assistance for ADLs, he had a feeding tube inserted into his abdomen, and had a cough and abnormal lungs sounds of rhonchi (low-pitched, continuous, and rattling sounds heard during breathing, often described as resembling snoring or gurgling). Record Review of Resident #1's care plan with initiation date 07/10/2025 and revised 07/26/2025 indicated the resident had a seizure disorder and interventions included for the facility staff to: administer seizure medication as ordered by the doctor, and seizure documentation should have included location of seizure activity, type of seizure activity (jerks, convulsive movements, trembling), duration, level of consciousness, any incontinence, sleeping or dazed post-ictal state, after seizure activity. Review of Resident #1's Physician Orders last updated 07/26/25 included: Lacosamide Oral Solution 10 mg/ml Give 20 ml via G-tube two times a day for epilepsy, Levetiracetam 100 mg/ml Give 15 ml via G-tube twice a day for epilepsy, Topiramate 100 mg tablet Give one via G-tube two times a day for epilepsy, and Valproic Acid 250 mg/5 ml Give 10 ml via G-tube three times a day for epilepsy. Review of Resident #1's hospital after visit summary dated 07/23/2025 indicated the resident was to receive Lacosamide Oral Solution 10 mg/ml Give 20 ml via G-tube three times a day, Levetiracetam 100 mg/ml Give 15 ml via G-tube every 12 hours, Topiramate 100 mg tablet Give one via G-tube two times a day, and Valproic Acid 250 mg/5 ml Give 10 ml via G-tube every 8 hours. Review of Resident #1's electronic MAR dated July 2025 indicated the following: Lacosamide Oral Solution 10 mg/ml Give 20 ml via G-tube two times a day for epilepsy was marked as unavailable for the PM dose on 07/22/2025, the AM dose on 07/23/2025 was blank and not marked as given, the PM dose for 07/23/2025, the AM dose for 07/24/2025 was marked as given, the PM dose for 07/24/2025 was marked as not given and the AM dose on 07/25/2025 was marked as given. There was no reason given for the blank and not given marks. Review of Resident #1's electronic MAR dated July 2025 indicated the following: Levetiracetam 100 mg/ml Give 15 ml via G-tube twice a day. The 9:00 PM dose on 07/22/2025 was marked as unavailable, the 9:00 AM on 07/23/2025 was blank and not marked as given, the 9:00 PM dose for 07/23/2025 was marked as given, the 9:00 AM dose for 07/24/2025 was marked as given, the 9:00 PM dose on 07/24/2025 was marked as not given, the 9:00 AM dose on 07/25/2025 was marked as unavailable. There was no reason given for the blank and not given marks. Review of Resident #1's electronic MAR dated July 2025 indicated the following: Topiramate 100 mg tablet Give one via G-tube two times a day the AM dose on 07/22/2025 was not marked as given and was blank. There was no reason given for the blank space. Review of Resident #1's electronic MAR dated July 2025 indicated the following: Valproic Acid 250 mg/5 ml Give 10 ml via G-tube three times a day for epilepsy was marked as unavailable for the 9:00 PM dose on 07/22/2025, the 9:00 AM dose and 3:00 PM doses on 07/23/2025 were blank and not marked as given. The 9:00 AM, 3:00 PM and 9:00 PM doses on 07/24/2025 were marked as given. The 9:00 AM, 3:00 PM and 9:00 PM doses on</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure each resident's drug regimen was free of significant medication errors for 1 (Resident #1) of 10 residents reviewed for pharmacy services. The facility failed to order Resident #1's valproic acid, topiramate, levetiracetam, and lacosamide after he re-admitted on [DATE]. Resident #1 had a seizure on 07/25/25. The noncompliance was identified as PNC. The Immediate Jeopardy (IJ) began on 07/22/2025 and ended on 07/26/2025. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk of not receiving the intended therapeutic benefit of the medications and supplements, worsening or exacerbation of chronic medical conditions, and hospitalization. Findings included: Record Review of Resident #1's face sheet dated 07/27/25 indicated the resident was a [AGE] year-old male with an original admission date of 07/10/2025 and readmission date of 07/22/2025. The resident had diagnoses including acute respiratory failure with hypoxia (a life threatening condition where the lungs cannot adequately oxygenate the blood, resulting in low blood oxygen levels), epilepsy with status epilepticus (a serious neurological condition where seizures are prolonged or occur frequently without recovery between them, posing a risk of brain damage), stroke, and high blood pressure. Record Review of Resident #1's readmission assessment note dated 07/22/2025 indicated there was no BIMS score due to resident's inability to answer questions. 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