

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Las Alturas DE Penitas		STREET ADDRESS, CITY, STATE, ZIP CODE 414 Liberty Blvd. Penitas, TX 78576	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 of 3 (Resident #1) residents reviewed for pharmacy services. The facility failed to ensure Resident #1 was administered her order of Sodium Chloride Solution 0.9% as ordered. This failure could place residents at risk of not receiving the intended therapeutic benefits of prescribed medications. The findings included: Record review of Resident #1's admission record, dated 03/26/26, reflected a [AGE] year old female with an admit date of 07/19/23, an initial admission date of 05/17/23 and a discharge date of 03/26/26. Her relevant diagnoses included dementia (decline in mental ability-including memory loss, language difficulties, and poor reasoning-severe enough to interfere with daily life), chronic kidney disease, stage 3 (moderate kidney damage), anemia (blood disorder where the blood lacks enough healthy red blood cells or hemoglobin, leading to reduced oxygen flow to organs), and bradycardia (resting heartrate under 60 beats per minute). Record review of Resident #1's quarterly MDS dated [DATE], reflected a BIMS score of 08, which indicated her cognition was moderately impaired. Record review of Resident #1's quarterly care plan dated 03/23/26, reflected: Focus: at risk for infection or recurrent/chronic infection r/t compromised medical condition, revision date 03/23/26. Interventions: administer medication and/or antibiotic as per MD orders. Record review of Resident #1's physician's order summary, dated 03/26/26, reflected an order for Sodium Chloride Solution 0.9%, use 50 ml/hr. intravenously every shift for hydration for 2 days, x1 liter, start date 03/25/26, end date 03/27/26. In an interview on 03/26/26, at 4:37 p.m., RN B said he had worked on 03/25/26 the 2 p.m. to 10 p.m. shift and had administered Resident #1's Sodium Chloride Solution 0.9 % at the beginning of his shift and before he clocked out he had removed Resident #1's IV Sodium Chloride Solution 0.9% because Resident #1 had removed her IV. He said he had not reinserted it. Record review of Resident #1's March 2026 eMAR reflected Sodium Chloride Solution 0.9%, use 50 ml/hr. intravenously every shift for hydration for 2 days, x1 liter had been signed off on 03/26/26 by LVN A during the 10 p.m. to 6:00 a.m. shift. In a telephone interview on 03/26/26 at 5:46 p.m., LVN A said on 03/25/26, she had worked the 10 p.m. to 6 a.m. shift. She said on 03/26/26 at 3:00 a.m., she entered Resident #1's room to administer an IV bag of Sodium Chloride Solution 0.9% and had gone back at 3:00 a.m., to remove it. She said she had signed it off as administered on Resident #1's eMAR. Record review of the facility's surveillance camera for Hall 100 on 03/30/26 at 10:30 a.m., reflected LVN A entered Resident #1's room at 3:38 a.m. without an IV bag and walked out at 3:39 a.m. During an interview on 03/30/26 at 12:45 p.m., the NP said she had ordered Resident #1 IV fluid (Sodium Chloride Solution 0.9%) intravenously to help her flush her UTI. She said she had ordered 1 bag and it was to run continuously until 03/27/26. NP said there were no negative outcomes to Resident #1 not administered her Sodium Chloride Solution 0.9 % from 10:00 p.m. (03/25/26) to 6 a.m. (03/26/26). She said Resident #1 was also on antibiotic to treat her UTI. In a telephone interview on 03/30/26 at 2:34 p.m., LVN A said Resident #1 had an order for 1 liter (1 bag) of Sodium Chloride Solution 0.9% to run continuously until finished. She said every shift, the charge nurse was supposed to go check on the IV (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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to make sure it was running smoothly. She said on 03/26/26, she had walked into Resident #1's room at about 3:30 a.m. and had not seen Resident #1's IV running and immediately walked out. She said she assumed Resident #1's Sodium Chloride Solution order had already been completed. She said she was not sure if she had signed it off on the eMAR. LVN A said during the telephone interview on 03/26/26 at 5:46 p.m., she had provided this surveyor the wrong information. During an interview on 03/30/26 at 4:41 p.m., the DON said Resident #1 had an order for 1 bag of Sodium Chloride Solution 0.9 intravenous effective 03/25/26 to 03/27/26. She said the order was for it to run continuously until completed (03/27/26). She said the charge nurse of every shift needed to go check on Resident 1's IV to ensure it was running smoothly and to sign off on the eMAR once it had been checked. She said LVN A should not have signed off Resident #1's Sodium Chloride Solution order on 03/26/26 as it was not being infused. The DON said there were no negative outcomes to Resident #1 for not administered her order of Sodium Chloride Solution 0.9% because she was also on antibiotics to treat her UTI. 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.6. Administer medications as ordered by the physician.</p>		