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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>745049 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>11/06/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Las Alturas Nursing & Transitional Care Brownsvill |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>180 East Price Road<br>Brownsville, TX 78521 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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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>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47828</b></p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services including procedures that ensure the accurate administering of all drugs and biologicals, to meet the needs of 1 of 3 (Resident #1) residents reviewed for pharmacy services.</p> <p>The facility failed to ensure that on 11/01/2024, LVN A signed off the administration of PRN acetaminophen to Resident #1 that was administered for a skin tear sustained after a transfer.</p> <p>These failure could place residents at risk for not receiving the therapeutic benefits of the prescribed medications and side effects from missed doses.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face Sheet, dated 11/05/2024, reflected a [AGE] year-old resident admitted to the facility on [DATE] and an original admitted [DATE] with diagnoses including myxedema coma (an extreme or decompensated form of hypothyroidism), type 2 diabetes mellitus ( a long term condition in which the body has trouble controlling blood sugar and using it for energy), and hyperlipidemia ( a condition in which there are high levels of fat particles (lipids) in the blood.</p> <p>Record review of Resident #1's quarterly MDS dated [DATE], reflected a BIMS score of 07, indicating severe impairment.</p> <p>Record review of Resident #1's quarterly care plan dated 09/18/2024 reflected a focus of being at risk for experiencing discomfort or pain. Interventions/tasks included administering medication to relieve pain as recommended by doctor, date initiated 09/09/2024.</p> <p>Record review of Resident #1's physician's order reflected, a start date of 09/08/2024 for acetaminophen oral tablet 325 mg (acetaminophen) give 2 tablet by mouth every 6 hours as needed for pain.</p> <p>Record review of Resident #1's eMAR for the month of November 2024 revealed:</p> <p>Acetaminophen oral tablet 325 mg had not been signed off from 11-01-2024 to 11-04-2024.</p> <p>Record review of Resident #1's progress notes by LVN A, dated 11/01/2024 at 4:56 p.m. reflected . Administered PRN acetaminophen.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Las Alturas Nursing & Transitional Care Brownsvill   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>180 East Price Road<br>Brownsville, TX 78521 |  |
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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>In a phone interview on 11/05/2024 at 2:11 p.m., LVN A said he did not remember if he had administered Resident #1 acetaminophen on 11/01/2024 for a skin tear.</p> <p>In an interview on 11/05/2024 at 3:27 p.m., the ADON-RN said on 11/01/2024 at 4:56 p.m., she accompanied LVN A to assess Resident #1 who had sustained a skin tear. The ADON/RN said Resident #1 had been administered acetaminophen for pain.</p> <p>In an interview and observation on 11/05/2024 at 3:30 p.m., The DON said on 11/01/2024, Resident #1 had sustained a skin tear and per progress notes, acetaminophen (PRN) had been administered for pain. The DON was observed reviewing Resident #1's eMAR for the month of November and said LVN A must have forgotten to sign off the acetaminophen (PRN).</p> <p>In an interview on 11/06/2027 at 10:00 a.m., The DON said the facility's Medication Administration policy did not mention PRN medication had to be signed off on the residents eMAR. She said as long as it was documented in resident's electronic medical record it would suffice. The DON said there were no negative outcome for Resident #1 not having her PRN pain medication signed off on eMAR on 11/01/2024. The DON said LVN A's shift ended at 10 p.m. on 11/01/2024. She said since Resident #1's progress notes indicated she had received the PRN acetaminophen at 4:56 p.m., LVN A would have remembered he had given her a dose earlier in his shift. The DON said if Resident #1 would have requested another dose of PRN acetaminophen after LVN A's shift ended, it would have been considered safe to be administered since it would have been past 6 hours. The DON said she and the ADON/RN would conduct in-services for all nursing staff and medication aides on medication administration on a regular basis.</p> <p>In an interview on 11/07/2027 at 10:30 a.m., The Administrator said the facility's Medication Administration policy did not state PRN medication had to be signed off in the resident's eMAR. He said, as long it was charted, it was acceptable. The Administrator said there were no negative outcome to Resident #1 for not having her PRN acetaminophen signed off on 11/01/2024 because it had been charted in her electronic medical record.</p> <p>Record review of Facility's Medication Administration policy implemented on March 2019 and revised in January 2024 reflected:</p> <p>Compliance Guidelines:</p> <p>Resident medications are administered in an accurate, safe, timely, and sanitary manner .</p> <p>10. Record the results of medications administered as necessary.</p> |   |  |