STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745049	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Alturas Nursing & Transitional Care Brownsvill	180 East Price Road 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 (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** Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure acquiring, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 (Resident#1) of 4 residents, reviewed for pharmaceutical services, in that:The facility failed to ensure Resident #1's physician ordered Midodrine (medication used to raise blood pressure) was held when her blood pressure was found to be out of parameters for administration.This failure could place residents at risk of not receiving the therapeutic effect of their medication as ordered by the physician.Findings included:Record review of Resident #1's face sheet, dated 6/24/26, reflected an [AGE] year-old female with an admission date of 5/06/26. Her relevant diagnoses included end stage renal disease (most severe stage of kidney disease) and hypertension (high blood pressure).Record review of Resident #1's Nursing Home PPS MDS assessment, dated 5/24/26, reflected her BIMS score of 15, which indicated her cognition was intact.Record review of Resident #1's care plan, dated 6/19/26, reflected Resident #1 has heart disease. I am at risk for associated cardiac complications such as chest pain, SOB, fatigue, dizziness, poor endurance/activity intolerance and edema. Date initiated:5/06/26. GOAL: I will tolerate my medication and treatment regimen to manage my heart disease without any adverse effects or associated complications through my next due date. INTERVENTIONS: Administer my medications as ordered by my physician.Record review of Resident #1's order summary, dated 6/24/26, reflected orders for Midodrine HCl oral tablet 10 mg give one tablet by mouth three times a day for hypotension, hold for SBP >130 with a start date of 5/21/26.Record review of Resident #1's June 2026 MAR indicated, Resident #1's physician order for Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day for hypotension HOLD FOR SBP >130 was administered on 6/4/26 and 6/13/26 based on check offs and signatures completed by MA A and MA B. On 6/04/26 Resident #1 had a blood pressure of 133/60 and on 6/13/26 had a blood pressure of 134/75.During an interview on 6/24/26 at 11:06 a.m., MA B said he worked with Resident #1 and checked her blood pressure before administering the medication. He said the medication would be held if her blood pressure was greater than 130. He said he had administered the medication instead of holding it. MA B said a negative outcome from administering Midodrine to Resident #1 with a blood pressure greater than 130, could cause the resident to have high blood pressure. He said the last in-service on medication administration was on 6/23/26.During an interview on 6/24/26 at 2:10 p.m., MA A said she knew to hold the Midodrine if Resident #1's blood pressure was greater than 130. She said she always checked the resident's blood pressure before administering a blood pressure medication and checked the MARs against the doctor's orders. She said the last in-service on medication administration was in May 2026.During an interview on 6/24/26 at 5:11 p.m., the DON said she performed random checks on MARs and TARs, and chart audits were done every morning. She said MA B had an in-service on 6/23/26 and MA A had an in-service on 6/9/26 for medication administration. The DON said that Midodrine administered with a blood pressure greater than 130 could cause a resident's blood pressure to increase. She said Resident #1 did not have adverse reactions from the Midodrine that (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was administered on 6/4/26 and 6/13/26. She said in-services on medication administration and management were done twice in June 2026.Record review of facility policy titled Medication Administration, dated 3/15/19, stated GUIDELINES: 2. a. The nurse/medication aide shall be responsible to read and follow precautionary or instruction on prescription labels.