

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER LEGACY REHABILITATION AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 4033 W 51ST AVE AMARILLO, TX 79109	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review; the facility failed to ensure residents remained free of any significant medication errors for 1 (Resident #1) of 4 residents reviewed for medication errors. LVN A incorrectly administered a dose of [MEDICATION NAME] 1.0ml sublingual to Resident #1 when her prescribed dose was 0.1ml. The facility's failure to ensure that residents remained free of any significant medication errors could place all residents receiving sublingual medications at risk of deterioration in health, hospitalization s, and death. Findings include: Record review of Resident #1's closed clinical records revealed an [AGE] year-old female with an admission date of [DATE]. [DIAGNOSES REDACTED]. Record review of Resident #1's Physician orders [REDACTED]. During an interview on 06/24/20 at 11:28AM, LVN A stated that she got the milligrams mixed up and was using a different syringe. She stated that she gave Resident #1 1ml of [MEDICATION NAME] instead of 0.1ml. She stated that she notified the charge nurse immediately and patient was monitored. Resident #1 experienced no adverse reactions to the incorrect dose. During an interview on 06/24/20 at 12:07PM, DON confirmed that LVN A had given the incorrect dose to Resident #1. Record review of facility's Policy/Procedure - Nursing Clinical with revised date 05/2007 titled Medication Administration - Subject: Medication Administration- Sublingual reads: It is the policy of this facility to offer 2. Safe and correct administration of drug via the sublingual or [MEDICATION NAME] route.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.