

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE HEIGHTS OF TYLER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2650 ELKTON TRAIL TYLER, TX 75703</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for one (Resident #1) of one resident. Medication Aide (MA) C failed to administer [MEDICATION NAME] 150 mcg (low [MEDICAL CONDITION] hormone) at 7:00 AM (before breakfast) as ordered by physician to Resident #2. These failures could affect residents by placing them at risk for not receiving the intended therapeutic benefit of medications. Findings included: Review of the face sheet (undated ) revealed Resident #2 is a [AGE] year-old female who was admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Her most recent quarterly MDS (Minimum Data Set) dated 02/13/20 revealed a BIMS of 13. She requires one person assist with her ADL's. The most recent care plan dated 03/28/20 revealed that she will be free of signs and symptoms of [MEDICAL CONDITION] through the next review date. Interventions included to give [MEDICAL CONDITION] replacement therapy as ordered. Observation of med pass on 04/02/20 on Hall 200 revealed at 9:34 AM, Resident #2 was administered her [MEDICATION NAME]. Review of Resident #2's Physician orders [REDACTED]. Review of Resident # 2's Medication Audit report for 04/02/20 reflected [MEDICATION NAME] 25 mcg one table once a day at 7:00 AM was administered at 9:36 AM. Review of information regarding [MEDICATION NAME] obtained from <a href="https://medlineplus.gov/druginfo/meds/a1.html#precautions">https://medlineplus.gov/druginfo/meds/a1.html#precautions</a> on 04/22/20 reflected, [MEDICATION NAME] comes as a tablet and a capsule to take by mouth. It usually is taken once a day on an empty stomach, 30 minutes to 1 hour before breakfast. Follow the directions on your prescription label carefully and ask your doctor or pharmacist to explain any part you do not understand. Take [MEDICATION NAME] exactly as directed. An interview on 04/02/20 at 9:15 AM with MA C revealed she was aware Resident # 2's [MEDICATION NAME] was to be given before breakfast, but the scheduled MA did not show up to work and she was asked to pass medication when she arrived at the facility that morning. An interview on 04/02/20 at 9:37 AM with Resident #2 revealed she had finished her breakfast prior to the time of the medication administration. She stated she knew she was supposed to get her [MEDICAL CONDITION] medication before breakfast. An interview on 04/02/20 at 2:05 PM with Resident #2's physician revealed that [MEDICATION NAME] should be given before breakfast and on an empty stomach, and that it was not as effective if given after the meal. An interview on 04/02/20 at 2:25 PM with the Pharmacy Consultant revealed that [MEDICATION NAME] should be given before meals to help increase absorption of the drug. An interview on 04/03/20 at 4:50 PM with the Regional RN revealed that residents should get their medication according to the physician orders. Review of the Medication Administration policy dated April 2011 revealed, .medications are administered in accordance with written orders of the attending physician .administer medications within 60 minutes of the scheduled time or time range.</p>		
F 0761  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</b></p> <p>Based on observation, interview, and record review the facility failed to store all drugs and biologicals in locked compartments for one (100 hall) of eight medication carts reviewed for medication storage. Staff failed to ensure a medication cart next to the nurse's station was locked when left unattended. This failure placed residents at risk for their medications not being available when needed due to drug diversion. Findings included: Observation and interview on 04/02/20 at 7:46 AM revealed the medication cart was parked at the end of Hall 100, next to the nurse's station, unlocked and unattended. For approximately 9 minutes the cart remained unlocked and unattended. When brought to the attention of LVN A, he immediately locked it and stated it should always be locked. Interview with the regional RN on 04/03/20 at 4:50 PM revealed the medication carts should be locked when unattended. Review of the facility's Medication Care Use policy updated 03/15/19 revealed, . medication carts are kept locked until the specified time of medication administration.</p>		

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.