

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER CHEROKEE ROSE NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 203 GIBBS BLVD GLEN ROSE, TX 76043	
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	<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**</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services relating to the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 (Resident #3) of 5 residents reviewed for pharmacy services. The facility failed to administer Resident #3's blood pressure medication as ordered by the physician. This failure placed residents at risk for medical complications [REDACTED]. Findings included: Review of Resident #3's Admission Record dated 06/23/20 revealed the [AGE] year old resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Physician order [REDACTED]. Review of Resident #3's Medication Administration Record dated 07/01/20 - 07/31/20 [MEDICATION NAME] 25 mg give one tablet by mouth one time a day related to essential primary hypertension, hold if systolic blood pressure is less than 110. The resident's systolic blood pressure was less than 110 on the following dates and the medication should have been held but was administered: - 07/08/20 AM, 102/65, LVN A administered the medication - 07/18/20 AM, 107/90, LVN B administered the medication - 07/26/20 AM, 108/75, LVN A administered the medication - 07/29/20 AM, 98/59, LVN A administered the medication Review of Resident #3's Medication Administration Record dated 08/01/20 - 08/31/20 [MEDICATION NAME] 25 mg give one tablet by mouth one time a day related to essential primary hypertension, hold if systolic blood pressure is less than 110. The resident's systolic blood pressure was less than 110 on the following dates and the medication should have been held but was administered: - 08/13/20 AM, 106/64, LVN A administered the medication - 08/21/20 AM, 106/61, LVN A administered the medication - 08/22/20 AM, 99/54, LVN A administered the medication In an interview on 08/26/20 at 10:55 AM LVN A reviewed Resident #3's Medication Administration Records for July and August 2020. She said she did give the resident her [MEDICATION NAME] on 07/08/20, 07/18/20, 07/26/20, 08/13/20, 08/21/20 even though, the resident's systolic blood pressure was less than 110 because the systolic readings were close enough and she also considered the resident's pulse. She said the resident's pulse was not documented on the Medication Administration Records but that was probably the reason she went a head and administered the medication outside the physician ordered parameters. She said on 07/29/20 and 08/22/20 she said she documented on the MAR the medication was administered but with the blood pressure being that low she did not think she had given the resident the medication. In an interview on 08/26/20 at 11:05 AM the DON reviewed Resident #3's MAR and said if the resident's systolic blood pressure was less than 110 the [MEDICATION NAME] should be held but was given according to the documentation. Review of the facility's Medication Administration Procedures dated 2003 revealed when ordered or indicated, include specific items to monitor frequency, timing and parameters for notifying the prescriber.</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.