

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675690	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN ESTATES REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 130 SPENCER LN SAN ANTONIO, TX 78201	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews and record reviews the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable, for 1 of 1 resident (Resident #1) reviewed for pharmacy services, in that: Resident #1's insulin [MEDICATION NAME] injection pens did not have a pharmacy label. This deficient practice could affect the residents who receive insulin and places them at risk for harm by missed-dosage (over / under) and inappropriate administration of medications. The findings were: Record review of Resident #1's face sheet dated 6/23/2020 revealed an admission date of [DATE] and a discharge date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #1's physician orders [REDACTED]. #1 revealed 2 insulin [MEDICATION NAME] injection pens without pharmacy labels. The pens were kept in the insulin medication drawer on the cart, in a clear plastic bag with Resident #1's name hand written on it. Further observation revealed one of the pens had Resident #1's name handwritten on it. In an interview on 6/23/2020 at 11:05 AM with Director of Nursing confirmed Resident #1's insulin [MEDICATION NAME] injection pens did not have pharmacy labels. In an interview on 7/2/2020 at 3:10 PM the Pharmacist stated that all medications are to be labeled at a minimum with the name of the medication, the name of the patient, name of the prescribing physician and instructions for administration for the medication, and an indication for the medication.</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.