STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675996	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbus Oaks Healthcare Community	300 North St Columbus, TX 78934

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** 16352 Based on observations, interviews, 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 1 of 6 residents reviewed for medications (Resident #67). The facility did not administer Resident #67's Divalproex Sodium (medication used to treat certain types of seizures, to treat manic episodes of bipolar disorder, and to prevent migraine headaches) as per pharmaceutical recommendation . These failures could place residents at risk of experiencing side effect of medications which could result in the exacerbation of their medical conditions and a decline in health status. The findings included: Resident #67 Record review of the face sheet dated 05/31/24, for Resident #67 revealed that the resident was admitted to the facility on [DATE]. The resident was an [AGE] year old female and had diagnoses of Parkinson's disease without dyskinesia (chronic brain disorder that causes progressive damage to nerve cells in the brain over many years), without mention of fluctuations, neuromuscular dysfunction of bladder (condition that affects the nerves and muscles that control body movement), hypotension (low blood pressure), obstructive and reflux uropathy (a condition where urine flows backward from the bladder into the ureters and sometimes the kidney). Record review of the significant change MDS assessment dated [DATE] revealed that Resident #67 had a BIMS score of 99 indicating that the resident was severely cognitively impaired. Resident #67 had impaired range of motion, both upper and lower body, on both sides of his body, and was totally dependent on staff for all his ADL's and movement in bed. Record Review of Resident #67's MAR dated from 05/01/24-05/31/24 revealed Divalproex Sodium 250 mg Give 1 tablet by mouth two times a day for involuntary movement related to other seizures (date order 4/22/24). (continued on next page)

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(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	Record review of Resident #67's Physician's Order Summary revealed Divalproex Sodium 250 mg Give 1 tablet by mouth two times a day for involuntary movement related to other seizures. The date of the order was 4/22/24. Observation and interview during medication observation on 05/30/2024 from at 8:37 AM revealed LVN A picked up a blister packet of Divalproex Sodium 250 mg 1 tab and punched it in a medication cup with other medications. LVN A then placed each medication in a medication plastic pouch and crushed and mixed the medication all in vanilla pudding and administered it by mouth to Resident #67. The Divalproex Sodium 250 mg blister packet had reflected swallow whole, do not chew/crush Interview on 5/30/24 at 3:15 PM with LVN A regarding Divalproex Sodium 250 mg 1tab crushed= blister packet had swallow whole, DON do not chew/crush., sShe said she was not aware of it and she had in-services on medication administration, and can not remember when and she knew to check the right resident, the MAR and she did not see it. LVN A knew not administering Divalproex as recommended by the pharmacist could eaffect medication absorption. Interview with the DON and the Administrator on 5/30/24 at 4:30 PM they would be having in-services and the doctor to change the medication direction. Interview with the ADMN on 05/30/2024 at 4:40 PM, revealed that he expects nursing staff to follow the facility policy

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352 Based on observation, interview, and record review, the facility failed to ensure the medication error rate was not 5 percent (5%) or greater for 3 of 30 opportunities resulting in a 10 percent medication error rate for 2 (Residents #11 and #67) of 6 residents observed for medication pass. Facility failed to ensure Resident #11 Sertraline dosage (Medication that works by increasing levels of a mood-enhancing chemical called serotonin in your brain: many people recover from depression and has fewer unwanted side effects than older antidepressants) was administered as per physician order. Facility failed to ensured Resident # 11 received Potassium Chloride as ordered. MA A initialed on MAR that Potassium Chloride was administered. Potassium Chloride ((medication use to prevent and treats low levels of potassium in your body. Potassium plays an important role in maintaining the health of your kidneys, heart, muscles and nervous system) Facility failed to ensure Resident #67 received Divalproex Sodium (medication used to treat certain types of seizures, to treat manic episodes of bipolar disorder, and to prevent migraine headaches) crushed without a pharmaceutical recommendation These failures could place residents at risk for medication errors and jeopardize the resident health and safety. Finding included: Resident #11 Record review of the face sheet, dated 05/31/24, for Resident #11 revealed that the resident was admitted to the facility on [DATE]. The resident was a [AGE] year old female and had diagnoses of seasonal allergic rhinitis, edema,(swelling), hypokalemia (low potassium level in the blood), depression (common mental health condition that can affect how people feel, think, and behave, characterized by a persistent feeling of sadness and loss of interest in activities), essential (primary) hypertension(increased blood pressure), anxiety disorder(natural human response to stress or fear experienced through thoughts, feelings and physical sensations. Record review of the quarterly MDS assessment dated [DATE] revealed that Resident #11 had a BIMS score of 04 indicating that the resident was severely cognitive impaired. Resident #11 had impaired range of motion, both upper and lower body, on both sides of his body, and was completely dependent on staff for all her ADLs and movement in bed. Record Review of Resident #11's MAR dated from 05/01/24-05/31/24 revealed Sertraline HCl Oral Capsule 150 MG Give 1 capsule by mouth one time a day related to depression. Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (Potassium Chloride Microencapsulated Crystals ER) 1 tablet one time a day. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #11's Physician's Order Summary revealed Sertraline HCl Oral Capsule 150 MG (Sertraline HCl) Give 1 capsule by mouth one time a day related to DEPRESSION order date was 1/27/24. Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (Potassium Chloride Microencapsulated Crystals ER) Give 1 tablet by mouth one time a day related to hypokalemia order date was 9/23/23. Observation and interview during medication observation on 05/29/2024 from 8:35AM revealed MA A picked up blister packet of Sertraline Hcl 50 mg from the medication cart and punched 1 tablet of Sertraline HCL(50 mg) in the medication cup with other medications and administered by mouth Resident #11. The blister pack of Sertraline HCL had take 3 tablets total 150 mg) by mouth daily. MA did not administer Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (milliequivalent) to Resident #11. During medication administration on 05/29/24 at 8:35 AM, Resident #11 lying was in bed, she asked MA A if she should take all her medications before breakfast. MA A response was yes. Record review of the MAR dated 5/29/24 revealed MA A had initialed Sertraline HCl Oral Capsule 150 MG (Sertraline HCl) Give 1 capsule by mouth one time a day and Potassium Chloride Microencapsulated Crystals ER 10 meq 1 tablet one time a day as given. During an interview on 05/30/24 at 4:20 PM, after showing her the blister packet of Sertraline HCl 50 mg (take 3 tablets total 150 mg) by mouth daily, MA A said she was very sorry, she would be very careful. MA A was asked about Potassium Chloride initial as given. MA A then picked up Potassium Chloride blister packet from the medication cart. Potassium Chloride (take with food with plenty of water) had blister had 30 tablets, that was dispensed to the facility on [DATE]. MA A said she used another Potassium Chloride blister. Further interview with MA A regarding medication training, she said had been working with the facility for over [AGE] years and she has not had medication training for a while and she did remember it. During telephone interview with the local Pharmacy on 5/30/24 at 4:30 PM, Pharmacist A said Potassium Chloride was delivered to the facility on [DATE], (30 tablets), 4/23/24 (30 tablets) and 5/21/24 (30 tablets). Pharmacist A said they always deliver the Potassium Chloride 2 days before it ran out. Pharmacist A stated the Potassium Chloride delivered to the facility on [DATE] should been used up on 5/23/24. Resident #67 Record review of the face sheet, dated 05/31/24, for Resident #67 revealed that the resident was admitted to the facility on [DATE]. The resident was a [AGE] year old female and had diagnoses of Parkinson's disease without dyskinesia (chronic brain disorder that causes progressive damage to nerve cells in the brain over many years), without mention of fluctuations, neuromuscular dysfunction of bladder (condition that affects the nerves and muscles that control body movement), hypotension (low blood pressure), obstructive and reflux uropathy (a condition where urine flows backward from the bladder into the ureters and sometimes the kidney). (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the significant change MDS assessment dated [DATE] revealed that Resident #67 had a BIMS score of 99 indicating that the resident was severely cognitive impaired. Resident #67 had impaired range of motion, both upper and lower body, on both sides of his body, and was total dependent on staff for all his ADL's and movement in bed. Record Review of Resident #67's MAR dated from 05/01/24-05/31/24 revealed Divalproex Sodium 250 mg Give 1 tablet by mouth two times a day for involuntary movement related to OTHER SEIZURES (date order 4/22/24) Record review of Resident #67's Physician's Order Summary revealed Divalproex Sodium 250 mg Give 1 tablet by mouth two times a day for involuntary movement related to other seizures date of order was 4/22/24. Observation and interview during medication observation on 05/30/2024 from 8:37 AM revealed LVN A picked up blister packet of Divalproex Sodium 250 mg 1tab punched it in a medication cup with other medications. LVN A then placed each medication in medication plastic pouch and crushed mixed all in vanilla pudding and administered it by mouth to Resident #67. Divalproex Sodium 250 mg blister packet had swallow whole, Do Not chew/crush Interview on 5/30/24 at 3:15 PM with LVN A regarding Divalproex Sodium 250 mg 1tab crushed= blister packet had swallow whole, Do Not chew/crush, she said she was not aware of it and she had in-services on medication administration, and can not remember when and she knew to check the right resident, the MAR and she did not see it. LVN A knew not administering Divalproex as recommended by the pharmacist could effect medication absorption. Interview with the DON and the Administrator on 5/30/24 at 4:30 PM they would be having in-services and the doctor to change the medication direction. Interview with the Administrator on 05/30/2024 at 4:40 pm, revealed that he expects nursing staff to follow the facility policy. Review of the facility policy Administering Oral Medications, undated, reflected . 6 Check the label on the medication and confirm the medications name and dose with the MAR .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352 Based on interview, and record review, the facility failed to ensure 1 of 6 residents (Resident #11) reviewed for medication administration were free of significant medication errors. Facility failed to administered Potassium Chloride Microencapsulated Crystals ER for 7 Days to Resident #11 This failure could place residents at risk of harm, injury, illness or hospitalization . Findings included: Record review of the face sheet, dated 05/31/24, for Resident #11 revealed that the resident was admitted to the facility on [DATE]. The resident was a [AGE] year old female and had diagnoses of seasonal allergic rhinitis, edema,(swelling), hypokalemia (low potassium level in the blood), depression (common mental health condition that can affect how people feel, think, and behave, characterized by a persistent feeling of sadness and loss of interest in activities), essential (primary) hypertension(increased blood pressure), anxiety disorder(natural human response to stress or fear experienced through thoughts, feelings and physical sensations. Record review of the quarterly MDS assessment dated [DATE] revealed that Resident #11 had a BIMS score of 04 indicating that the resident was severely cognitive impaired. Resident #11 had impaired range of motion, both upper and lower body, on both sides of his body, and was completely dependent on staff for all her ADLs and movement in bed. Record Review of Resident #11's MAR dated from 05/01/24-05/31/24 revealed Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (Potassium Chloride Microencapsulated Crystals ER) 1 tablet one time a day and time on MAR was 8:00 AM. Record review of Resident #11's Physician's Order Summary revealed, Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (Potassium Chloride Microencapsulated Crystals ER) Give 1 tablet by mouth one time a day related to hypokalemia order date was 9/23/23. Observation and interview during medication observation on 05/29/2024 from 8:35AM revealed MA A did not administer Potassium Chloride [NAME] ER Oral Tablet Extended Release 10 MEQ (milliequivalent) to Resident #11. Record review of the MAR dated 5/29/24 revealed MA A had initialed Potassium Chloride Microencapsulated Crystals ER 10 meq 1 tablet one time a day as given at 8:00 AM During an interview on 05/30/24 at 4:20 PM, MA A was asked about Potassium Chloride initial as given at 8:00 AM. MA A then picked up Potassium Chloride blister packet from the medication cart. Potassium Chloride (take with food with plenty of water) had blister had 30 tablets, that was dispensed to the facility on [DATE]. MA A said she used another Potassium Chloride blister. Further interview with MA A regarding medication training, she said had been working with the facility for over [AGE] years and she has not had medication training for a while and she did remember it. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During telephone interview with the local Pharmacy on 5/30/24 at 4:30 PM, Pharmacist A said Potassium Chloride was delivered to the facility on [DATE], (30 tablets), 4/23/24 (30 tablets) and 5/21/24 (30 tablets). Pharmacist A said they always deliver the Potassium Chloride 2 days before it ran out. Pharmacist A stated the Potassium Chloride delivered to the facility on [DATE] should been used up on 5/23/24. Interview with DON on 5/30/24 at 5:33 PM, she said MA A should have administered what the physician order. DON said she was going to call the doctor for the stat order for Potassium lab level. The DON said that she was responsible for and over saw the training of all staff administering medications and that staff had been trained on medication administration. Record review of comprehensive metabolic profile (CMP): Potassium level result on 04/30/2024 was 4.6. Potassium level result on 05/30/24 was 3.9 (therapeutic reference range 3.5-5.2 mmol/L

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35897 Based on observation and interview, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food procurement. 1. The facility failed to ensure expired foods were discarded. 2. The facility failed to ensure foods were labeled and dated. 3. The Facility failed to ensure food is properly stored in designated areas at all times. These failures could place residents who ate food from the kitchen at risk of food borne illness and disease. Findings Included: Observation of the facility kitchen on [DATE] at 8:15 AM revealed the following. 1. A Plastic Container of Sliced American Cheese was dated [DATE] use by date [DATE] 2. A Plastic Container of sliced Bologna had no label and was not dated. 3. A Plastic Container of sliced deli ham had no label and was not dated 4. A Plastic Container of Sour Cream had no label and was not dated 5. A Plastic Container of canned sliced apple with a use by date [DATE] 6. A Plastic Containers of mashed Potato with a use by date [DATE] Observation of the facility walk in freezer on [DATE] at 8:20 AM revealed 1 case of frozen chicken breast and 1 case of frozen French fries stored on the floor. Interview with the Dietary Food Service Manager on [DATE] at 8:25 AM she stated the leftover food stored in the refrigerator should have been used or discarded prior to use by date, she further stated that all food shall be stored 6 inches off the floor. Record review of facility's policies and procedures for Food Safety for Residents dated 2018 read in part . cover, label with name, date stored and date it must be used or discarded. Recommend a use by date of 3 days after the food was prepared or purchased. Record review of facility's policies and procedures for Food Storage dated [DATE], read in part .store all items at least 6 inches above the floor with adequate clearance between goods and other contamination.