STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676414	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid Valley Nursing & Rehabilitation	601 N Mile 2 West Mercedes, TX 78570

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47828 Based on interviews and record review, the facility failed to maintain clinical records on each resident that were complete and accurately documented in accordance with accepted professional standards and practices for 1 (Resident #1) of 2 residents by 4 of 4 nurses (LVN B, LVN D, LVN E, and LVN F) reviewed for accuracy and completeness of clinical records. The facility failed to ensure LVN B, LVN D, LVN E, and LVN F correctly completed Resident #1's nuero checks between 05/30/24 and 06/01/24. This failure could place residents at risk for not receiving nursing services by adequately trained nurses and could result in a decline in health. Findings included: Record review of Resident #1's admission sheet, dated 02/03/25 , reflected a [AGE] year-old female admitted on [DATE], an original admitted [DATE] and a discharge date of [DATE]. Resident #1's relevant diagnoses included end stage renal failure (the final stage of chronic kidney disease) , muscle weakness, history of falling, fracture of pelvis, and fracture of T-11-T-12 vertebra (a break in the vertebrae located at the T11 and T12 levels of the spine). Record review of Resident #1's MDS assessment dated [DATE], reflected BIMS score question not answered, which indicated resident was not able to answer questions. Record review of Resident #1's care plan dated 05/27/24, reflected had a history of falls related to pubic symphysis, non-displaced right sacral bone fracture, L-1 vertebral, compression fracture and T-12 vertebral (a pelvic injury where the joint connecting the pubic bones is not displaced, but there is a fracture in the right sacral bone that is also isn't shifted out of place). Record review of Resident #1's physician's orders indicated she was not on blood thinners. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676414	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid Valley Nursing & Rehabilitation	601 N Mile 2 West Mercedes, TX 78570

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #1's progress notes dated 05/29/24 at 5:00 a.m., authored by LVN G reflected, [Resident #1] noted laying supine on floor next to bed, bed noted on lowest position with call light within reach but not in use. [Resident #1] states she was reaching for snacks that were on bedside table and she slid off bed. Head to toe completed no visible injuries noted. [Resident #1] was assisted back to bed x2 assistance and was provided with bedside table near her. [Resident #1] is alert and oriented X3 no change in LOC [Doctor] was notified, no new orders were given. Neuro checks were initiated per facility protocol. RP aware. Record review of Resident #1's nuero checks on her electronic medical record dated 05/29/24 reflected only 4 checks (from 5:00 a.m. to 5:45 a.m.) had been completed and signed on 05/29/24 by LVN G. Record review of Resident #1's, 2nd nuero checks on her electronic medical record initiated on 05/29/24 reflected a total of 24 neuro checks from 05/29/24 at 5:00 a.m. through 06/01/24 at 3:45 a.m. The intervals of the neuro checks were as followed: Number 1-4 were 15-minute checks Number 5-8 were 30-minute checks Number 9-12 were 60-minute checks Number 13-16 were 2-hour checks Number 17-18 were 4-hour checks Number 19-24 were 8-hour checks LVN D failed to enter new vital signs for neuro checks 5-14 and 19. LVN E failed to enter new vital signs for neuro checks 15 and 16. LVN B failed to enter new vital signs for neuro check 22. LVN F failed to enter new vital signs for neuro check 23. Neuro checks number 5, 6,7,8,9,10,11,12,13,14,15,16,19,22, and 23 had the same blood pressure readings of 108/50, temperature of 97.5, most recent pulse of 76, and more recent respiration of 17.0 and dated 05/30/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676414	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid Valley Nursing & Rehabilitation	601 N Mile 2 West Mercedes, TX 78570

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation and interview on 02/05/25 at 11:00 a.m., LVN B said when a resident required neuro checks, their vital signs needed to be rechecked at each interval. She said when she conducted neuro checks, she would write the resident's vitals on my notepad and at a later time, she would transfer the information to the resident's medical electronic record. LVN B was observed as she checked Resident #1's electronic medical record and said recalled conducting a neuro check on Resident #1 on 05/31/24 at 11:45 a.m. She said answered all the questions and rechecked her vitals at that time, and all were within normal range. LVN B said she must have forgotten to enter Resident #1's vitals on her electronic medical record and that was the reason the vitals that showed were dated 05/30/24. She said the neuro checks were standard protocol for residents who fell . She said Resident #1's neuro check was normal. LVN B said a negative outcome for not documenting the correct vital signs could be her doctor would not be getting an accurate account of her vitals. An observation and interview on 02/05/25 at 11:17 a.m., LVN E was observed as she checked Resident #1's electronic medical record and said she had conducted a neuro check on her on 05/29/24 at 5:45 p.m. and 05/29/24 at 7:45 p.m., and both were normal. She said she had answered all questions and had rechecked Resident #1's vitals both times but had no explanation as to why the vitals showed a future date of 05/30/24. LVN E said the negative outcome for Resident #1 were that the correct vitals were not recorded. An observation and interview on 02/05/25 at 3:30 p.m., LVN F said when he conducted neuro checks, he would write the resident's vitals on paper and at a later time, she would transfer the information to the resident's medical electronic record. LVN F was observed as he checked Resident #1's electronic medical record and said he had conducted a neuro check on 05/31/24 at 11:45 a.m. He said he remembered he answered all the questions and had rechecked Resident #1's vitals but must have forgotten to enter her new vital readings that that was the reason the date on the vitals had 05/30/24. An observation and interview on 02/05/24 at 4:00 p.m., The DON was observed as she checked Resident #1's electronic medical record. The DON said Resident #1 had sustained a fall on 05/29/24 with no injuries. The DON said neuro checks had been initiated by LVN G. The [NAME] said the only explanation she could think of as to why there were two neuro check assessments done was because something went wrong on the first one and a new nuero check assessment had to be initiated. The DON said she was not sure why the vitals for neuro check number 5, 6,7,8,9,10,11,12,13,14,15,16,19,22, and 23 had the same blood pressure readings of 108/50, temperature of 97.5, most recent pulse of 76, and more recent respiration of 17.0 and dated 05/30/24. The DON said nursing staff conducted nuero checks, they were supposed to answer all questions and recheck all vitals. She said the date they are done and the date on the vitals should match. The DON said she did not know what had happened. The DON said there were no negative effects on Resident #1 as she had not sustained any injuries due to the fall. Record review of facility's policy on Professional Standard of Care, dated February 2017 and revised in January 2024 reflected: Compliance Guidelines: The community provides services tat meet professional standards of quality and are provided by appropriately qualified persons (e.g., licensed, certified). Compliance with Professional Standards of Care Nursing: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676414	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid Valley Nursing & Rehabilitation	601 N Mile 2 West Mercedes, TX 78570

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e) Nurses should conduct assessments or evaluations and document within the medical record in the following instances: 1. admission, re-admission and as clinically indicated 3. when exceptions are identified