Printed: 06/04/2025 Form Approved OMB No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 |
|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZI 4301 North Bartlett Avenue Laredo, TX 78041 | P CODE |
| For information on the nursing home's | plan to correct this deficiency, please con | Lact 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | **NOTE- TERMS IN BRACKETS F Based on record reviews and intercare in accordance with profession and the resident's choices for 2 (Reflection 1a). The facility failed to ensure that documented in PCC on 9/16/23 where the second se | care according to orders, resident's pro- HAVE BEEN EDITED TO PROTECT C views, the facility failed to ensure that r al standards of practice, the comprehe esident #2 and Resident #3) of 12 resid t Resident #2's Admission Assessment ten she returned to the facility from the t an incident in which Resident #2 cut h t Resident #3's Post Fall Review was d t Resident #3's Neuro Checks were acc t Resident #3's progress notes were tin t Resident #3's Change in Condition Evo t Resident #3's Change in Condition Evo t Resident #3's Change in Condition Evo t she began to experience pain on her t Resident #3's Change in Condition Evo t she had bleeding from her surgical sit ts whose records are maintained by the t. | ONFIDENTIALITY** 49157 esidents received treatment and insive person-centered care plan, dents reviewed for quality of care. t was accurately and timely hospital after having surgery. her surgical incision drain tubing on locumented accurately and timely in curately and timely documented in hely documented in PCC on valuation was documented right leg on 6/16/24. valuation was documented te incision on her right leg on |
| | The findings included: (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

Facility ID: 676465

| NAME OF PROVIDER OR SUPPLIE | | A. Building B. Wing | 10/31/2024 | |
|---|---|--|--------------------------|--|
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| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | 1. Record review of Resident #2's admission record reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2's diagnoses included Alzheimer's disease, unspecified dementia, anxiety disorder, depressive episodes, hypertension (high blood pressure), hypertensive chronic kidney disease (kidney disease due to kidney damage done by high blood pressure), malignant neoplasm of left female breast (breast cancer), acquired absence of left breast and nipple (surgical removal of the breast), and cognitive communication deficit (difficulty with communication). | | | |
| | Record review of Resident #2's quarterly MDS dated [DATE] reflected that Resident #2 had a BIMS score of 3 out of 15 which indicated that she had severe cognitive impairment. Resident #2 required total assistance with bathing/ showering. Resident #2 required supervision or touch assistance with eating, oral hygiene, toileting hygiene, upper and lower body dressing, putting on/ taking off shoes, personal hygiene, rolling left and right in bed, sitting to lying flat on the bed, lying on the bed to sitting on the edge of the bed (without back support), transferring from bed to chair or chair to bed, getting on or off a toilet, getting into or out of a tub or shower, walking 10 feet, walking 50 feet with 2 turns, and walking at least 150 feet. | | | |
| | Record review of Resident #2's care plan reflected that Resident #2 had focuses of: | | | |
| | A. Impaired cognitive function or though processes r/t Alzheimer's and dementia with interventions that included cue, reorient, and supervise as needed which was initiated and created on 5/10/21, | | | |
| | B. ADL self-care performance deficit r/t Alzheimer's with interventions that included Re set up assistance for toileting, transfers, repositioning in bed, dressing and eating whic created on 5/10/21, | | | |
| | | ner's and dementia with interventions th nich was initiated and created on 5/10/2 | | |
| | D. Requirement of anti-depressant | medication r/t anxiety which was crea | and initiated on 4/3/21. | |
| | E. Risk for falls r/t wandering which was created and initiated on 4/3/21. | | | |
| | Record review of Resident #2's Provider Order Summary Report reflected that Resident #2 had the following side effect monitoring and medication orders: | | | |
| | a. Side effects- anti-convulsant order date 4/2/21. | | | |
| | b. Side effects- anti-depressant or | der date 4/2/21. | | |
| | c. Side effects- sedative/ hypnotic order date 6/27/22. | | | |
| | d. Depakote Delayed Release 125mg. Give 1 tablet PO BID for agitation. | | | |
| | e. Lamotrigine 25mg. Give 2 tablets PO every morning and at bedtime for convulsions. | | | |
| | f. Losartan Potassium 50mg. Give | 1 tablet PO one time a day for HTN. | | |
| | (continued on next page) | | | |
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| F 0684 | g. Trazadone HCl 50mg. Give 1 ta | blet PO BID for anxiety and agitation. | | |
| Level of Harm - Minimal harm or potential for actual harm | Record review of Resident #2's Ad 9/21/23 reflected the following: | mission assessment dated [DATE] at 4 | :41pm and signed by RN B on | |
| Residents Affected - Some | a. The resident required catheter ca | are/ catheter change. | | |
| | b. No EBP (enhanced barrier precautions) were clinically indicated. (Resident #2 had a surgical incision and a surgical drain from a left breast mastectomy that was done on 9/15/23) | | | |
| | | | isk for infection or recurrent/ chronic infection r/t compromised eport changes in condition to provider as clinically indicated and as clinically indicated. | |
| | d. A catheter was required post-surgery J [NAME] (a surgical suction drain that gently draws fluid from a surgical site) with intervention of monitor for s/s (signs or symptoms) of infection. | | | |
| | e. Vitals, Height, Weight: | | | |
| | 1. Most recent weight: 167.5 poun | ds dated 9/1/23 at 3:58pm | | |
| | 2. Most recent height: 56 inches da | ated 4/5/21 at 8:24am | | |
| | 3. Most recent blood pressure: 109 assessment which was 9/16/23 at 4 | 9/83 dated 9/17/23 at 8:01am (1 day Al 4:41pm) | TER the effective date of this | |
| | 4. Most recent temperature: 97.0 F dated 7/31/23 at 11:35pm (2 months PRIOR to the effective date of this assessment which was 9/16/23 at 4:41pm) | | | |
| | 5. Most recent pulse: 72 dated 9/4/23 at 9:37am (12 days PRIOR to the effective date of this assessment which was 9/16/23 at 4:41pm) | | | |
| | 6. Most recent respiration: 18 dated 7/31/23 at 11:24pm (2 months PRIOR to the effective date of this assessment which was 9/16/23 at 4:41pm) | | | |
| | 7. Most recent O2 sats (oxygen saturation): 98% dated 7/31/23 at 11:25pm (2 months PRIOR to the effective date of this assessment which was 9/16/23 at 4:41pm) | | | |
| | 8. Most recent pain level: 0 dated 9/16/23 at 7:15pm (2 hours AFTER the effective date/time of this assessment which was 9/16/23 at 4:41pm) | | | |
| | | f. Resident's communication is impaired related to: Not Applicable. (Resident #2 had a BIMS score of 3 which indicated severe cognitive impairment) | | |
| | g. Head to toe skin assessment: | | | |
| | 1. General skin condition: normal (| Resident #2 had a left breast mastecto | omy on 9/15/23) | |
| | (continued on next page) | | | |
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| F 0684 Level of Harm - Minimal harm or | 2. Skin condition: skin is intact, no identified skin issues (Resident #2 had a left breast mastectomy on 9/15/23) | | | |
| potential for actual harm | 2e. Skin concern/ risk plan of care: | | | |
| Residents Affected - Some | Focus: actual or at risk for skin imp | pairment | | |
| | Interventions: apply treatment as ordered, keep clean and dry and apply skin barrier cream as indicated, pressure relieving cushion device in wheelchair as indicated, therapeutic pressure reducing mattress. (Did not address the surgical incision from Resident #2's left breast mastectomy on 9/15/23) | | | |
| | h. Degree of physical activity- Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair. (Resident #2 was ambulatory with a walker and required only supervision or touch assistance with walking 10 feet, walking 50 feet with 2 turns, and walking at least 150 feet which was reflected in her MDS.) | | | |
| | i. Mobility- Ability to change and control body position: No limitations: makes major and frequent changes in position. (Contradictory to the above assessment answer that Resident #2's ability to walk was severely limited or non-existent). | | | |
| | muscle strength to lift up completel | problem: Moves in bed and in chair inde y during move. Maintains good positior ver (h) that Resident #2's ability to walk | in bed or chair at all times. | |
| | k. Incontinence- Resident is incontinent to: Neither. (Contradictory to Resident #2's care plan which reflected bladder incontinence r/t Alzheimer's and dementia with interventions that included check me as needed and as required for incontinence which was initiated and created on 5/10/21). | | | |
| | I. Fall risk assessment: | | | |
| | 1. Recent falls: none in the last 12 | months. (Resident #2 had an actual fa | II dated 9/20/22) | |
| | 2. Medications (hypnotics, sedatives, anxiolytics, anti-depressants, anti-Parkinson's, diuretics, anti-hypertensives): Not taking any of these medications. (Contradictory to Resident #2's order summary report which reflected she was taking an anxiolytic, anti-depressant, and an anti-hypertensive). | | | |
| | 3. Psychological (anxiety, depression, decline in cooperativeness, decline in insight/judgement): Does not appear to have any of these. | | | |
| | 4. Cognitive status: Intact. (Contradictory to Resident #2's BIMS score of 3 which indicated severe cognitive impairment). | | | |
| | | ent change in functional status and/or n ontradicted the answer to (2) above wh fect safe mobility). | | |
| | (continued on next page) | | | |
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| F 0684 | | It physically able to leave the building o | | |
| Level of Harm - Minimal harm or | | | | |
| potential for actual harm Residents Affected - Some | o. If any boxes are checked yes, in while therapy screen is pending: Fo | liquid evaluation: None of the boxes are checked. hy boxes are checked yes, indicate which interim measures were put into place to enhance safety therapy screen is pending: Focus- Resident has the potential for skin impairment/ burn r/t hot liquid nters; needs disposable plastic lid on coffee cup for safety. (None of the boxes were checked for hot evaluation). | | |
| | p. 48 hour care planning: | | | |
| | 1. Care plan for self-care deficit- Focus: I have a self-care deficit. Intervention: Mobility- I use a wheelchair. (Resident #2 was ambulatory with a walker and required only supervision or touch assistance with walking 10 feet, walking 50 feet with 2 turns, and walking at least 150 feet which was reflected in her MDS.) | | | |
| | 2. Care Plan- Cognitive function/ d | lementia or impaired thought Process is | s not included. | |
| | 3. Fall risk plan of care- Focus: at | risk for falls r/t wandering. Actual fall 9/ | 20/22. | |
| | Record review of Resident #2's pro | gress notes in PCC reflected an entry a | as follows: | |
| | Late Entry | | | |
| | Effective date: 9/16/23 at 12:47pm | | | |
| | Created by: DON | | | |
| | Created date: 10/9/23 at 12:52pm | | | |
| | incision made by the resident on th (physician's assistant) and orders v | ised by SN (skilled nurse) and supervis e Jackson Pratt's tubing. This informati vere given to seal the drainage tube an on Pratt tube and drainage was noted a to the resident's mastectomy area. | on was communicated to the PA d follow up with the surgeon. | |
| | 2. Record review of Resident #3's admission record reflected an [AGE] year-old female initially admitted to the facility on [DATE] and readmitted on [DATE]. Diagnoses included Alzheimer's disease, dementia, fall from bed (1/18/24), displaced intertrochanteric fracture of right femur (non-aligned fracture of the right thigh bone at the hip) (1/18/24), age-related osteoporosis (bone disease that causes bones to become weak and more likely to break) without current pathological fracture (broken bone not caused by force or impact) (1/16/24), polyosteoarthritis (pain in five or more joints at the same time), and generalized muscle weakness. | | | |
| | (continued on next page) | | | |

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| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Record review of Resident #3's quading of 15 and a cognitive skills for danever/rarely made decisions. Resident with the partial/ moderate assis shower/ bathing self, lower body drives of the partial/ moderate assis walking 10 feet. Resident #3 required set up or clean up assistant feet with two turns or to walk 150 feattempt to get on or off a toilet or grast. Record review of Resident #3's carred as a construction of the set of the transference of the transferen | arterly MDS dated [DATE] reflected that ily decision making score of 3 which ind lent #3 required substantial/ maximal a ressing, and putting on/ taking off footw ed, and transferring to and from a bed to tance for upper body dressing, standin ed supervision or touch assistance for nee for eating and oral hygiene. Reside bet due to medical condition or safety of et into or out of a tub/shower as she did re plan reflected Resident #3 had focus on/mobility, poor safety awareness with any significant injuries associated with interventions for orthostatic hypotensis sitions from saying to sitting and sitting nd meet needs, call bell within reach, be ent #7's bed closer to hers, routine roung edications and at potential risk for side is a behavior outburst can indicate pain t or pain r/t history of right hip fractur a being able to participate in pain asses evider order summary report as of 6/15/ and medication orders: itoring. ng. by mouth every 8 hours as needed for e 1 tablet PO once a day for HTN. st Fall Review in PCC dated 6/15/24 at | t Resident #3 had a BIMS score of dicated severe impairment- resident ssistance for toileting hygiene, ear, rolling left and right in bed, sit to chair (or wheelchair). Resident g from a sitting position, and personal hygiene. Resident #3 ent #3 did not attempt to walk 50 oncerns nor did Resident #3 d not perform these activities in the es of: In goals of 1-3 fewer falls through a fall through next review date, and on (a condition where blood to standing) through review date. ed at appropriate height when inds to help with safety checks by effects with an intervention of , hunger, thirst, or need of toileting, Ind left distal femur fracture with sment using the numerical pain (24 reflected that Resident #3 had anxiety. Ordered on 6/11/24) |
| | (continued on next page) | | |
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| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | (Each deficiency must be preceded by full regulatory or LSC identifying information) 3. Most recent blood pressure: 152/74 on 6/19/24 at 7:41am (4 days AFTER the Post Fall Review date of 6/15/24). 4. Most recent pulse: 71 on 6/19/24 at 7:41am (4 days AFTER the Post Fall Review effective date 6/15/24). 5. Most recent O2 sats: 97% on 6/18/24 at 11:20am (3 days AFTER the Post Fall Review effective date 6/15/24). 6. Has patient received 1 or more of the following in the past 24 hours (antianxiety, anticoagulant antipsychotic, cardiovascular, diuretic, hypnotic, or pain medication)? None of the boxes were che (Contradictory to Resident #3's order summary report which reflected that she was taking an antian anti-hypertensive medication). Record review of Resident #3's Neuro Checks in PCC dated 6/15/24 at 7:15pm, 7:30pm, 7:45pr 8:00pm), every 30 minutes- 4 times (6/15/24 at 8:30pm, 9:00pm, 9:00pm, 9:00pm, 9:00pm, 9:00pm), every 1 times (6/15/24 at 11:00pm, 6/16/24 at 12:00am, 1:00am, and 2:00am), every 4 times (6/17/24 at 2:00am, 10:00am), every 1 hours- 2 times (6/16/24 at 2:00pm and 6:00pm) 8 hours- 6 times (6/17/24 at 2:00am, 10:00am, 6:00pm, 6/18/24 at 2:00am, 10:00am, and 6:00pm 1. 15 minute check-1st: A. Date/time: 6/15/24 at 7:15pm B.1. Level of consciousness: Alert C.1. Pupil response: Pupils equal and reactive to light: yes | | |
| | 2. Right pupil: Brisk 3. Left pupil: Brisk | | |
| | D.1.Motor functions: Hand grasps: | Hand grasps are equal. | |
| | 2. Moves all extremities: Yes | | |
| | 3. Moves right arm: Yes | | |
| | 4. Moves left arm: Yes | | |
| | 5. Moves right leg: Yes | | |
| | 6. Moves left leg: Yes | | |
| | (continued on next page) | | |

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| F 0684 | 7. Unable to follow commands: No | | |
| Level of Harm - Minimal harm or potential for actual harm | 8. Absent: No | | |
| Residents Affected - Some | E.1. Resident response to pain: Ap | ppropriate pain response | |
| | 2. Most recent pain level: 0 on 6/17 6/15/24) | 7/24 at 6:53am. (2 days AFTER the Ne | uro checks effective date of |
| | F.1. Vitals: Most recent blood pressure: 128/79 on 6/17/24 at 7:48am (2 days AFTER the Neuro checks effective date of 6/15/24). | | |
| | 2. Most recent temperature: 98.0 on 4/18/24 at 4:11am (2 months BEFORE the Neuro checks effective date of 6/15/24). | | |
| | 3. Most recent pulse: 66 on 6/17/24 at 7:48am (2 days AFTER the Neuro checks effective date of 6/15/24). | | |
| | 4. Most recent respiration: 18 on 4/18/24 at 4:11am (2 months BEFORE the Neuro checks effective date of 6/15/24). | | |
| | G. Observations: no neuro deficits | | |
| | neurologically assed, however ALL date/time and values that were doc at 7:15pm. Those vital signs were do | vere dated and timed correctly for wher of the vital signs (Sections E2 and F1- umented for the neurological assessme dated either 2 days AFTER (pain level, I respirations) these neurological asses | 4) were documented with the sam ent that was completed for 6/15/24 blood pressure, and pulse) or 2 |
| | 4:00am. Sections E.2 and F.1-4 we documented for the neurological as were dated either 1 day AFTER (pa | ly timed for 3:00am on 6/16/24. The co ore documented with the same date/tim esessment that was completed for 6/15 ain level, blood pressure, and pulse) or assessment was documented as being | e and values that were /24 at 7:15pm. Those vital signs 2 months BEFORE (temperature |
| | The 2nd 2 hour check was incorrectly timed for 5:00am on 6/16/24. The correct date/time was 6/16/24 at 6:00am. The only documentation done was: | | |
| | B.1. Level of consciousness: Alert | | |
| | C.1. Pupil response: Pupils are equal and reactive to light: Yes | | |
| | 2. Right pupil: Brisk | | |
| | 3. Left pupil: Brisk | | |
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| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Sections D.1-8 (motor function) an were documented with the same da assessment that was completed for (pain level, blood pressure, and pul assessment was documented as be The 3rd and 4th 2 hour check were through E.1 were blank. Sections E were documented for the neurologis signs were dated either 1 day AFTE (temperature and respirations) the f The 1st and 2nd 4 hour checks, and time were to be documented. All the were documented with the same da assessment that was completed for level, blood pressure, and pulse) or Record review of Resident #3's pro (an anti-anxiety medication) was or 12:23pm. The following progress notes were 1. Type: Nursing progress note Effective: 6/15/24 at 9:28am Created: 6/18/24 at 10:30am Created by: DON Note: Resident performing restorat restorative therapy. RP was notified 2. Type: Nursing progress note Effective: 6/15/24 at 3:30pm Created: 6/18/24 at 10:31am Created by: DON Note: Family member was present | d E.1 (Resident response to pain) wer ate/time and values that were documer r 6/15/24 at 7:15pm. Those vital signs ise) or 2 months BEFORE (temperatur eing completed. dated correctly but timed incorrectly. / 2.2 and F.1-4 were documented with th cal assessment that was completed fo ER (pain level, blood pressure, and pul neurological assessments were documented ate/time and values that were documer r 6/15/24 at 7:15pm. Those vital signs r 4/18/24 (temperature and respirations gress notes dated 6/11/24 to 6/28/24 i dered on 6/11/24. Resident #3 received late entries: | e blank. Sections E.2 and F.1-4 hted for the neurological were dated either 1 day AFTER e and respirations) this neurological All the questions in sections A e same date/time and values that r 6/15/24 at 7:15pm. Those vital ise) or 2 months BEFORE hented as being completed. There the assessment date and were blank. Sections E.2 and F.1-4 hted for the neurological were dated either 6/17/24 (pain s). n PCC reflected that Hydroxyzine d Hydroxyzine on 6/14/24 at is time, patient tolerated well bing resident to ambulate around |

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| F 0684 | Effective: 6/15/24 at 7:00pm | | |
| Level of Harm - Minimal harm or potential for actual harm | Created: 6/18/24 at 10:38am | | |
| Residents Affected - Some | Created by: DON | | |
| | Notes: Informed by medication aide that resident was found on her knees next to her family member's bed. Upon entering the room, nurse noted resident was on her knees beside the bed. Resident stated she was trying to go and check on her family member, who is her roommate. With the assistance of CNA, SN carefully transferred the resident back to her own bed. A thorough head-to-toe assessment was conducted immediately, and no skin injuries, edema, or bruising were noted. ROM as previously noted with no s/s of pain to all four extremities. Notified MD and RP of incident. | | |
| | 4. Type: Nursing progress note | | |
| | Effective: 6/15/24 at 9:00pm | | |
| | Created: 6/18/24 at 10:40am | | |
| | Created by: DON | | |
| | Note: Resident was rounded at this time, no c/o pain or discomfort noted, and no s/s of distress. RP was notified. | | |
| | 5. Type: Nursing progress note | | |
| | Effective: 6/15/24 at 11:15pm | | |
| | Created: 6/18/24 at 10:46am | | |
| | Created by: DON | | |
| | Note: Resident was rounded at this | s time, no c/o pain or discomfort noted, | and no s/s of distress. |
| | 6. Type: Nursing progress note | | |
| | Effective: 6/16/24 at 12:30am | | |
| | Created: 6/18/24 at 10:49am | | |
| | Created by: DON | | |
| | Note: CNA provided incontinent care at this time; no signs and symptoms of pain were noted, and the resident continued to sleep in bed comfortably. | | |
| | 7. Type: Nursing progress note | | |
| | Effective: 6/16/24 at 4:00am | | |
| | (continued on next page) | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
|---|---|---|---|--|
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZI 4301 North Bartlett Avenue | P CODE | |
| | | Laredo, TX 78041 | | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | on) | |
| F 0684 | Created: 6/18/24 at 10:50am | | | |
| Level of Harm - Minimal harm or potential for actual harm | Created by: DON | | | |
| Residents Affected - Some | Note: CNA provided incontinent ca resident continued to sleep in bed of | re at this time; no signs and symptoms comfortably. | s of pain were noted, and the | |
| | 8. Type: eINTERACT SBAR Summary for Providers | | | |
| | Effective 6/18/24 at 7:00am | | | |
| | Created: 6/18/24 at 11:01am | | | |
| | Created by: RN B | | | |
| | Situation: Pain to right leg with movement | | | |
| | This started on: 6/16/24 (no time or time of day documented) | | | |
| | Summarize your observations, evaluation, and recommendations: This morning, nurse was informed by the CNA that while changing resident and preparing for breakfast, noticed swelling above her right knee. Upon assessment, resident complained of tender pain and could move her feet from side to side without pain but experienced pain when moving her leg. | | | |
| | Describe functional status changes: (Choices were needs more assistance with ADLs, general weakness, decreased mobility, fall, swallowing difficulty, no changes observed, and other). No changes were observed was checked. (Contradictory to the summarized statement that Resident #3 experienced pain when moving her leg. | | | |
| | Vital signs evaluation: | | | |
| | Are these the most recent vital signs taken after the change in condition occurred: Yes | | | |
| | Most recent blood pressure: 128/79 dated 6/17/24 at 7:48am (1 day AFTER the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | | |
| | Most recent pulse: 66 dated 6/17/24 at 7:48am (1 day AFTER the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | | |
| | Most recent respiration: 18 dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | | |
| | Most recent temperature: 98.0 dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | | |
| | Most recent O2 sats: 98% dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | | |
| | (continued on next page) | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
|--|--|---|---|--|
| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| Las Alturas Nursing & Transitional | Care | 4301 North Bartlett Avenue Laredo, TX 78041 | | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identify | | on) | |
| F 0684 | Provider notification and feedback: | | | |
| Level of Harm - Minimal harm or potential for actual harm | Date and time of clinician notification Summary for Providers effective date | on: 6/16/24 at 12:00am (7 hours BEFO te/time of 6/16/24 at 7:00am). | RE the eINTERACT SBAR | |
| Residents Affected - Some | administered pain medication, advis | cian: No bruising or signs of trauma no sed CNA to leave the resident in bed, a d for an x-ray of the right hip and knee. | and notified the doctor of the | |
| | Pain status evaluation: | | | |
| | Is a pain assessment relevant to the change in condition being reported? Answer: Not clinically applicable to the change in condition being reported. (Contradictory to the summarized statement of, Upon assessment, resident complained of tender pain and could move her feet from side to side without pain but experienced pain when moving her leg.) | | | |
| | Does the resident have pain: Not answered. (Contradictory to the summarized statement of, Upon assessment, resident complained of tender pain and could move her feet from side to side without pain but experienced pain when moving her leg.) | | | |
| | Pain location: Not answered. (See above) | | | |
| | General background information: | | | |
| | Primary diagnosis: not answered. | | | |
| | List any medication changes made in the past week: Not answered. (Contradictory to the Order Summary Report as of 6/15/24 which reflected Resident #3 had an order for Hydroxyzine HCI. Give 12.5 mg by mouth every 8 hours as needed for anxiety that was ordered on 6/11/24) | | | |
| | Resident representative notification: | | | |
| | Date and time of family/ RP notification: 6/16/24 at 12:00am (7 hours before the effective date/time of 6/16/24 at 7:00am) | | | |
| | 9. Type: Nursing progress note | | | |
| | Effective: 6/16/24 at 3:00pm | | | |
| | Created: 6/18/24 at 10:57am | | | |
| | bed. SN was at bedside. CNA staye | knee orthopedic brace. At this time, res ed at the bedside to provide immediate to time and place and rested comfortal | supervision to prevent further | |
| | 10. Type: eINTERACT SBAR Sum | mary for Providers | | |
| | (continued on next page) | | | |

| STATEMENT OF DEFICIENCES IXI) DATE SURVEY COMPLETED IXI) DATE SURVEY COMPLETED IXI) DATE SURVEY COMPLETED AND OF PROVIDER OR SUPPLET STEET ADDRESS, CITY, STATE, ZUP IXIIII CATION NUMBER: IXIIIII CATION NUMBER: IXIIII CATION NUMBER: IXIIII CATION NUMBER: IXIIII CATION NUMBER: IXIIIII CATION NUMBER: IXIIIII CATION NUMBER: IXIIIII CATION NUMBER: IXIIIII CATION NUMBER: IXIIIIIII CATION NUMBER: IXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | | |
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| Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | Were the change in condition and notifications reported to primary care clinician: Yes | | |
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Printed: 06/04/2025 Form Approved OMB No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 |
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| | | | |
| NAME OF PROVIDER OR SUPPLIE | R | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Las Alturas Nursing & Transitional | Care | 4301 North Bartlett Avenue Laredo, TX 78041 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey a | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by | IENCIES full regulatory or LSC identifying informati | on) |
| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | asked about the readmission proce readmission, a progress note was p provider would be notified, and any was done immediately upon the res- most recent vital signs, that they we that had recent vital signs that show In reference to what would be docu- given, any risk management docum passed on to the next shift should be assessment but showed up in prog for fever, abnormal vital signs, letha RN C stated that progress notes we provider, and ADON/ DON were do documentation. RN C stated she was was told that Resident #2 pulled ou away, and had to be redirected free incident happened fixed the drain a her shift, she would notify the surge RN C stated the documentation wo PCC and a progress note would be summary of what happened, who we management documentation would date, time, and resident information In an interview on 10/30/24 at 2:37 for 2 years, became the DCE (Diree The ADON stated when a resident medication reconciliation, and the we returned. The ADON stated anythin ADON stated when someone return as soon as they got to the facility. T admission form and the nurse had notes were used for documenting a resident's clinical status. The ADON changes, critical laboratory result a | om, the ADON stated she had been we ctor of Clinical Education) for 2 1/2 yea was gone for a little while (to the hospi whole screening and care planning wer g that was new or changed was revise ned to the facility, the head to toe asses the ADON stated the vital signs were p to change them to the correct vital sign ny changes, new orders, appointments N stated that change in condition docur nd any change in a resident's condition The ADON stated the provider, RP an | admitted after a hospital stay as a essment was done, the primary tated the readmission assessment ad in reference to the resident's C stated there was a button to click d to click on each one individually. ated that any orders that were mation that would need to be RN C stated the SBAR was its own change in condition would be done or change in the resident's condition. C stated notifications to the RP, CC in the change in condition er as a patient after her n Resident #2's JP drain, but she 2 had dementia, forgot things right s in charge when the JP drain something like that happened on to see what the plan of action was. n or a risk management form in progress note would have a e was. RN C stated the risk would automatically generate the orking at the facility as a floor nurse rs and then became the ADON. tal) a readmission assessment, e done again when the resident d in orders and/ or care plans. The ssment and vital signs were done ulled automatically to the s. The ADON stated progress s, and anything related to the nentation was used for any the ADON stated it was done at |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
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| F 0842 | Safeguard resident-identifiable info accordance with accepted profession | rmation and/or maintain medical record onal standards. | ds on each resident that are in | |
| Level of Harm - Minimal harm or potential for actual harm | **NOTE- TERMS IN BRACKETS H | IAVE BEEN EDITED TO PROTECT CO | ONFIDENTIALITY** 49157 | |
| Residents Affected - Some | accordance with accepted profession | views, the facility failed to maintain clini onal health information management si dent #2 and Resident #3) of 12 residen | tandards and practices, that were | |
| | 1a. The facility failed to ensure that Resident #2's Admission Assessment was accurately and timely documented in PCC on 9/16/23 when she returned to the facility from the hospital after having surgery. | | | |
| | 1b. The facility failed to ensure that an incident in which Resident #2 cut her surgical incision drain tubing on 9/16/23 was timely documented. | | | |
| | 2a. The facility failed to ensure that Resident #3's Post Fall Review was documented accurately and timely in PCC after she fell on [DATE]. | | | |
| | 2b. The facility failed to ensure that Resident #3's Neuro Checks were accurately and timely documented in PCC after she fell on [DATE]. | | | |
| | 2c. The facility failed to ensure that 6/15/24 and 6/16/24. | Resident #3's progress notes were tim | nely documented in PCC on | |
| | 2d. The facility failed to ensure that Resident #3's Change in Condition Evaluation was documented accurately and timely in PCC when she began to experience pain on her right leg on 6/16/24. | | | |
| | | Resident #3's Change in Condition Ev she had bleeding from her surgical sit | | |
| | These failures could affect resident risk for errors in care and treatment | s whose records are maintained by the t. | e facility and could place them at | |
| | The findings included: | | | |
| | the facility on [DATE]. Resident #2' disorder, depressive episodes, hyp (kidney disease due to kidney dam | admission record reflected an [AGE] yes s diagnoses included Alzheimer's disea ertension (high blood pressure), hyper age done by high blood pressure), mal sence of left breast and nipple (surgica ficulty with communication). | ase, unspecified dementia, anxiety tensive chronic kidney disease ignant neoplasm of left female | |
| | (continued on next page) | | | |
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| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
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| | | B. Wing | | |
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| X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by | IENCIES full regulatory or LSC identifying informati | on) | |
| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | 3 out of 15 which indicated that she with bathing/ showering. Resident # toileting hygiene, upper and lower b and right in bed, sitting to lying flat support), transferring from bed to cl shower, walking 10 feet, walking 50 | arterly MDS dated [DATE] reflected that a had severe cognitive impairment. Res #2 required supervision or touch assists body dressing, putting on/ taking off sho on the bed, lying on the bed to sitting of hair or chair to bed, getting on or off a b) feet with 2 turns, and walking at least | sident #2 required total assistance ance with eating, oral hygiene, bes, personal hygiene, rolling left in the edge of the bed (without bac toilet, getting into or out of a tub or 150 feet. | |
| | Record review of Resident #2's care plan reflected that Resident #2 had focuses of: | | | |
| | A. Impaired cognitive function or though processes r/t Alzheimer's and dementia with interventions that included cue, reorient, and supervise as needed which was initiated and created on 5/10/21, | | | |
| | | cit r/t Alzheimer's with interventions that fers, repositioning in bed, dressing and | | |
| | C. Bladder incontinence r/t Alzheimer's and dementia with interventions that included check me as needed and as required for incontinence which was initiated and created on 5/10/21, and | | | |
| | D. Requirement of anti-depressant medication r/t anxiety which was created and initiated on 4/3/21. | | | |
| | E. Risk for falls r/t wandering which was created and initiated on 4/3/21. | | | |
| | Record review of Resident #2's Provider Order Summary Report reflected that Resident #2 had the following side effect monitoring and medication orders: | | | |
| | a. Side effects- anti-convulsant ord | ler date 4/2/21. | | |
| | b. Side effects- anti-depressant order date 4/2/21. | | | |
| | c. Side effects- sedative/ hypnotic | c. Side effects- sedative/ hypnotic order date 6/27/22. | | |
| | d. Depakote Delayed Release 125 | mg. Give 1 tablet PO BID for agitation. | | |
| | e. Lamotrigine 25mg. Give 2 tablet | s PO every morning and at bedtime fo | r convulsions. | |
| | f. Losartan Potassium 50mg. Give 1 tablet PO one time a day for HTN. | | | |
| | g. Trazadone HCl 50mg. Give 1 ta | HCI 50mg. Give 1 tablet PO BID for anxiety and agitation. | | |
| | Record review of Resident #2's Adr 9/21/23 reflected the following: | ident #2's Admission assessment dated [DATE] at 4:41pm and signed by RN B on ollowing: | | |
| | a. The resident required catheter ca | are/ catheter change. | | |
| | (continued on next page) | | | |
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| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | a surgical drain from a left breast m c. Actual or risk for infection- Focus medical condition with interventions enhanced barrier precautions pract d. A catheter was required post-sur surgical site) with intervention of m e. Vitals, Height, Weight: Most recent weight: 167.5 pound Most recent height: 56 inches da Most recent blood pressure: 109 assessment which was 9/16/23 at 4 4. Most recent temperature: 97.0 F assessment which was 9/16/23 at 4 5. Most recent pulse: 72 dated 9/4, which was 9/16/23 at 4:41pm) 6. Most recent respiration: 18 date assessment which was 9/16/23 at 4 7. Most recent O2 sats (oxygen sa effective date of this assessment w 8. Most recent pain level: 0 dated 9 assessment which was 9/16/23 at 4 f. Resident's communication is import which indicated severe cognitive im g. Head to toe skin assessment: 1. General skin condition: normal (| rgery J [NAME] (a surgical suction drain onitor for s/s (signs or symptoms) of int ds dated 9/1/23 at 3:58pm ated 4/5/21 at 8:24am 3/83 dated 9/17/23 at 8:01am (1 day Al 4:41pm) F dated 7/31/23 at 11:35pm (2 months 4:41pm) /23 at 9:37am (12 days PRIOR to the e d 7/31/23 at 11:24pm (2 months PRIO 4:41pm) turation): 98% dated 7/31/23 at 11:25p hich was 9/16/23 at 4:41pm) 9/16/23 at 7:15pm (2 hours AFTER the 4:41pm) aired related to: Not Applicable. (Resid | hic infection r/t compromised ider as clinically indicated and in that gently draws fluid from a fection. FTER the effective date of this PRIOR to the effective date of this effective date of this assessment R to the effective date of this om (2 months PRIOR to the effective date/time of this ent #2 had a BIMS score of 3 |
| | 2e. Skin concern/ risk plan of care: | | |
| | Focus: actual or at risk for skin imp | pairment | |
| | (continued on next page) | | |

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| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Interventions: apply treatment as or pressure relieving cushion device ir not address the surgical incision from h. Degree of physical activity- Chair weight and/or must be assisted intor required only supervision or touch a at least 150 feet which was reflected i. Mobility- Ability to change and composition. (Contradictory to the above limited or non-existent). j. Friction and shear- No apparent provide the strength to lift up completely (Contradictory to assessment answ non-existent). k. Incontinence- Resident is incontine bladder incontinence r/t Alzheimer's as required for incontinence which we are anti-hypertensives): Not taking any report which reflected she was takin 3. Psychological (anxiety, depressing appear to have any of these. 4. Cognitive status: Intact. (Contradimpairment). 5. Automatic high risk status: Receaffect safe mobility. (This answer competition in the potential to affect and the potential to af | rdered, keep clean and dry and apply so in wheelchair as indicated, therapeutic jum Resident #2's left breast mastectom fast: Ability to walk severely limited or o chair or wheelchair. (Resident #2 was assistance with walking 10 feet, walking d in her MDS.) introl body position: No limitations: mak e assessment answer that Resident #2 problem: Moves in bed and in chair ind y during move. Maintains good position er (h) that Resident #2's ability to walk nent to: Neither. (Contradictory to Resi as and dementia with interventions that was initiated and created on 5/10/21). months. (Resident #2 had an actual fa es, anxiolytics, anti-depressants, anti-F of these medications. (Contradictory to ng an anxiolytic, anti-depressants, anti-F of these medications. (Contradictory to ng an anxiolytic, anti-depressants, and a ton, decline in cooperativeness, decline dictory to Resident #2's BIMS score of ent change in functional status and/or n portradicted the answer to (2) above wh fect safe mobility). t physically able to leave the building of | kin barrier cream as indicated, pressure reducing mattress. (Did y on 9/15/23) non-existent. Cannot bear own ambulatory with a walker and g 50 feet with 2 turns, and walking es major and frequent changes in 2's ability to walk was severely ependently and has sufficient n in bed or chair at all times. was severely limited or dent #2's care plan which reflected included check me as needed and II dated 9/20/22) farkinson's, diuretics, o Resident #2's order summary an anti-hypertensive). e in insight/judgement): Does not 3 which indicated severe cognitive medications with the potential to nich stated Resident #2 was not on |

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| F 0842 Level of Harm - Minimal harm or potential for actual harm | while therapy screen is pending: Fo | dicate which interim measures were pu ocus- Resident has the potential for ski tic lid on coffee cup for safety. (None o | n impairment/ burn r/t hot liquid |
| Residents Affected - Some | p. 48 hour care planning: | iour care planning: | |
| | (Resident #2 was ambulatory with a | ocus: I have a self-care deficit. Interver a walker and required only supervision s, and walking at least 150 feet which v | or touch assistance with walking |
| | 2. Care Plan- Cognitive function/ dementia or impaired thought Process is not included. | | |
| | 3. Fall risk plan of care- Focus: at risk for falls r/t wandering. Actual fall 9/20/22. | | |
| | Record review of Resident #2's progress notes in PCC reflected an entry as follows: | | |
| | Late Entry | | |
| | Effective date: 9/16/23 at 12:47pm | | |
| | Created by: DON | | |
| | Created date: 10/9/23 at 12:52pm | | |
| | incision made by the resident on th (physician's assistant) and orders v | ised by SN (skilled nurse) and supervis e Jackson Pratt's tubing. This informat vere given to seal the drainage tube ar on Pratt tube and drainage was noted to the resident's mastectomy area. | ion was communicated to the PA Ind follow up with the surgeon. |
| | the facility on [DATE] and readmitted from bed (1/18/24), displaced intert bone at the hip) (1/18/24), age-rela more likely to break) without curren | admission record reflected an [AGE] ye ed on [DATE]. Diagnoses included Alzh rochanteric fracture of right femur (nor ted osteoporosis (bone disease that ca t pathological fracture (broken bone no five or more joints at the same time), | neimer's disease, dementia, fall -aligned fracture of the right thigh suses bones to become weak and ot caused by force or impact) |
| | (continued on next page) | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by | CIENCIES full regulatory or LSC identifying informati | on) |
| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Record review of Resident #3's quade 0 of 15 and a cognitive skills for date never/rarely made decisions. Resident with the state partial is not be the state of bed to lying flat on the be the state of the two the state of the two the state of the two the two the two the two two two two two two two two two two | arterly MDS dated [DATE] reflected that ily decision making score of 3 which inc lent #3 required substantial/ maximal a ressing, and putting on/ taking off footw ed, and transferring to and from a bed to tance for upper body dressing, standin ed supervision or touch assistance for nee for eating and oral hygiene. Reside bet due to medical condition or safety of et into or out of a tub/shower as she did re plan reflected Resident #3 had focus on/mobility, poor safety awareness with any significant injuries associated with interventions for orthostatic hypotensis sitions from saying to sitting and sitting nd meet needs, call bell within reach, be ent #7's bed closer to hers, routine roung edications and at potential risk for side is a behavior outburst can indicate pain t or pain r/t history of right hip fractur a being able to participate in pain asses evider order summary report as of 6/15/ and medication orders: itoring. ng. by mouth every 8 hours as needed for e 1 tablet PO once a day for HTN. st Fall Review in PCC dated 6/15/24 at | t Resident #3 had a BIMS score of dicated severe impairment- resident ssistance for toileting hygiene, ear, rolling left and right in bed, sit to chair (or wheelchair). Resident g from a sitting position, and personal hygiene. Resident #3 ent #3 did not attempt to walk 50 oncerns nor did Resident #3 d not perform these activities in the es of: In goals of 1-3 fewer falls through a fall through next review date, and on (a condition where blood to standing) through review date. ed at appropriate height when inds to help with safety checks by effects with an intervention of , hunger, thirst, or need of toileting, Ind left distal femur fracture with sment using the numerical pain (24 reflected that Resident #3 had anxiety. Ordered on 6/11/24) |
| | 2. Was the fall observed: No. (continued on next page) | | |
| | | | |

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| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | date of 6/15/24). 4. Most recent pulse: 71 on 6/19/24 6/15/24). 5. Most recent O2 sats: 97% on 6/6/15/24). 6. Has patient received 1 or more of antipsychotic, cardiovascular, diure (Contradictory to Resident #3's order an anti-hypertensive medication). Record review of Resident #3's Net 6/19/24 reflected the following: The neuro checks were to be done 8:00pm), every 30 minutes- 4 times times (6/15/24 at 11:00pm, 6/16/24 4:00am, 6:00am, 8:00am, and 10:0 | 2/74 on 6/19/24 at 7:41am (4 days AFT 4 at 7:41am (4 days AFTER the Post F 18/24 at 11:20am (3 days AFTER the F of the following in the past 24 hours (ar tic, hypnotic, or pain medication)? Non er summary report which reflected that uro Checks in PCC dated 6/15/24 at 7: every 15 minutes- 4 times (6/15/24 at 7: every 15 minutes- 4 times (6/15/24 at 6 (6/15/24 at 8:30pm, 9:00pm, 9:30pm, at 12:00am, 1:00am, and 2:00am), ev 0am), every 4 hours- 2 times (6/16/24 h, 10:00am, 6:00pm, 6/18/24 at 2:00am | all Review effective date of Post Fall Review effective date of ntianxiety, anticoagulant, e of the boxes were checked. she was taking an anti-anxiety an 00pm and signed by the DON on 7:15pm, 7:30pm, 7:45pm, and and 10:00pm), every 1 hour- 4 ery 2 hours- 4 times (6/16/24 at at 2:00pm and 6:00pm) and every |
| | D.1.Motor functions: Hand grasps: 2. Moves all extremities: Yes | Hand grasps are equal. | |
| | 3. Moves right arm: Yes | | |
| | 4. Moves left arm: Yes | | |
| | 5. Moves right leg: Yes | | |
| | 6. Moves left leg: Yes | | |
| | | | |

| F 08427. Unable to follow con 8. Absent: NoLevel of Harm - Minimal harm or potential for actual harm8. Absent: NoResidents Affected - Some8. Absent: No2. Most recent pain level 6/15/24)9. F.1. Vitals: Most recert effective date of 6/15/24)7. Unable to follow con 8. Absent: No2. Most recent pain level 6/15/24)3. Most recent temper of 6/15/24).3. Most recent respirat 6/15/24).6. Observations: no n The next 11 of the Neu- neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temper completed.The 1st 2 hour check w 4:00am. Sections E.2 a documented for the or and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciour | IENT OF DEFICIENCIES : be preceded by full regulatory or LSC identifying information) commands: No ponse to pain: Appropriate pain response | | |
|--|---|--|--|
| For information on the nursing home's plan to correct this deficiency (X4) ID PREFIX TAC SUMMARY STATEMEN (Each deficiency must be F 0842 7. Unable to follow correct this deficiency Level of Harm - Minimal harm or potential for actual harm 8. Absent: No Residents Affected - Some 2. Most recent pain level 6/15/24) F.1. Vitals: Most recerre effective date of 6/15/2 2. Most recent pulse: 6 4. Most recent pulse: 6 4. Most recent respiration 6/15/24). 3. Most recent pulse: 6 4. Most recent respiration 6/15/24). G. Observations: no n The next 11 of the Neu neurologically assed, he date/time and values that at 7:15pm. Those vital months BEFORE (temp completed. The 1st 2 hour check v 4:00am. Sections E.2 a documented for the ne were dated either 1 date and respirations) this n The 2nd 2 hour check v 6:00am. The only docu B.1. Level of consciour | Laredo, TX 78041 ency, please contact the nursing home or the state survey agency. IENT OF DEFICIENCIES : be preceded by full regulatory or LSC identifying information) commands: No onse to pain: Appropriate pain response | | |
| (X4) ID PREFIX TAG SUMMARY STATEMEN (Each deficiency must be F 0842 Level of Harm - Minimal harm or potential for actual harm 7. Unable to follow cor 8. Absent: No Residents Affected - Some 8. Absent: No E.1. Resident response 2. Most recent pain lev 6/15/24) F.1. Vitals: Most recer effective date of 6/15/2 2. Most recent temper of 6/15/24). 3. Most recent pulse: 0 4. Most recent respirat 6/15/24). G. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (tem completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | IENT OF DEFICIENCIES : be preceded by full regulatory or LSC identifying information) commands: No ponse to pain: Appropriate pain response | | |
| F 08427. Unable to follow conditionLevel of Harm - Minimal harm or potential for actual harm8. Absent: NoResidents Affected - Some8. Absent: NoE.1. Resident response2. Most recent pain level 6/15/24)F.1. Vitals: Most recert effective date of 6/15/24)F.1. Vitals: Most recert effective date of 6/15/24).3. Most recent temper of 6/15/24).3. Most recent number 6/15/24).G. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temp completed.The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were date dither 1 data and respirations) this no The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciour | be preceded by full regulatory or LSC identifying information) commands: No onse to pain: Appropriate pain response | | |
| Level of Harm - Minimal harm or potential for actual harm8. Absent: NoResidents Affected - Some8. Absent: No2. Most recent pain level 6/15/24)9. Nost recent pain level 6/15/24)5. Most recent pain level 6/15/24)9. Nost recent pain level 6/15/24)6. Most recent temper of 6/15/24).9. Most recent temper of 6/15/24).7. Most recent respiration 6/15/24).9. Most recent respiration 6/15/24).8. Absent: No9. Most recent respiration 6/15/24).9. Most recent respiration 6/15/24).10. Most recent respiration 6/15/24).9. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temp completed.9. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 date and respirations) this in The 2nd 2 hour check w 6:00am. The only documented for the ne were dated either 1 date and respirations) this in The 2nd 2 hour check w 6:00am. The only documented for the ne were dated either 1 date and respirations) this in The 2nd 2 hour check w 6:00am. The only documented for the ne were dated either 1 date and respirations) this in The 2nd 2 hour check w 6:00am. The only documented for the | onse to pain: Appropriate pain response | | |
| potential for actual harmResidents Affected - SomeE.1. Resident respons2. Most recent pain level 6/15/24)F.1. Vitals: Most recert effective date of 6/15/24)S. Most recent temper of 6/15/24).3. Most recent pulse: 6 4. Most recent respirat 6/15/24).G. Observations: no nThe next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temp completed.The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this noThe 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | | | |
| Residents Affected - Some E.1. Resident respons 2. Most recent pain level 6/15/24) F.1. Vitals: Most recerreffective date of 6/15/24 2. Most recent temper of 6/15/24). 3. Most recent pulse: 6 3. Most recent pulse: 6 4. Most recent respirate 6/15/24). 3. Most recent respirate 6/15/24). G. Observations: no n The next 11 of the Neurologically assed, he date/time and values the at 7:15pm. Those vital months BEFORE (temperature) and respirations) this normal months for the neurologically assed, he date/time and values the at 7:15pm. Those vital months BEFORE (temperature) and respirations) this normal months for the neurologically assed, he date/time and values the at 7:15pm. Those vital months BEFORE (temperature) and respirations) this normal months for the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and values the at 7:15pm. The set of the neurologically assed, he date/time and respirations) this neurologically assed, he date/time and respirations the neurologically assed, he date/time at 7:15pm. The set of the neurologically aster the the the set of the neurologically assed, he d | | | |
| 6/15/24) F.1. Vitals: Most recerreffective date of 6/15/2 2. Most recent temper of 6/15/24). 3. Most recent pulse: 6 4. Most recent respirat 6/15/24). G. Observations: no n The next 11 of the Neureurologically assed, h date/time and values that 7:15pm. Those vital months BEFORE (temper completed). The 1st 2 hour check with 4:00am. Sections E.2 at documented for the new were dated either 1 data and respirations) this n The 2nd 2 hour check with 6:00am. The only documented for consciouted for the new were dated either 1 data and respirations) this not set of the only documented for the only d | | | |
| effective date of 6/15/2 2. Most recent temper of 6/15/24). 3. Most recent pulse: 6 4. Most recent respirat 6/15/24). G. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temp completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 dat and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | level: 0 on 6/17/24 at 6:53am. (2 days AFTER the Neuro checks effective date of | | |
| of 6/15/24). 3. Most recent pulse: 6 4. Most recent respirat 6/15/24). G. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (tem completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | F.1. Vitals: Most recent blood pressure: 128/79 on 6/17/24 at 7:48am (2 days AFTER the Neuro checks effective date of 6/15/24). | | |
| 4. Most recent respirat 6/15/24). G. Observations: no n The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (tem completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | 2. Most recent temperature: 98.0 on 4/18/24 at 4:11am (2 months BEFORE the Neuro checks effective date of 6/15/24). | | |
| 6/15/24). G. Observations: no n The next 11 of the Neureurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (temp completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | 3. Most recent pulse: 66 on 6/17/24 at 7:48am (2 days AFTER the Neuro checks effective date of 6/15/24). | | |
| The next 11 of the Neu neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (tem completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu | 4. Most recent respiration: 18 on 4/18/24 at 4:11am (2 months BEFORE the Neuro checks effective date of 6/15/24). | | |
| neurologically assed, h date/time and values th at 7:15pm. Those vital months BEFORE (tem completed. The 1st 2 hour check w 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check w 6:00am. The only docu B.1. Level of consciou | G. Observations: no neuro deficits | | |
| 4:00am. Sections E.2 a documented for the ne were dated either 1 day and respirations) this n The 2nd 2 hour check 6:00am. The only docu B.1. Level of consciou | Neuro Checks were dated and timed correctly for when Resident #3 was supposed to be d, however ALL of the vital signs (Sections E2 and F1-4) were documented with the sam s that were documented for the neurological assessment that was completed for 6/15/24 tal signs were dated either 2 days AFTER (pain level, blood pressure, and pulse) or 2 emperature and respirations) these neurological assessments were documented as bein | | |
| 6:00am. The only docu B.1. Level of consciou | k was incorrectly timed for 3:00am on 6/16/24. The correct date/time was 6/16/24 at .2 and F.1-4 were documented with the same date/time and values that were neurological assessment that was completed for 6/15/24 at 7:15pm. Those vital signs day AFTER (pain level, blood pressure, and pulse) or 2 months BEFORE (temperature is neurological assessment was documented as being completed. | | |
| | 2 hour check was incorrectly timed for 5:00am on 6/16/24. The correct date/time was 6/16/24 at The only documentation done was: | | |
| C.1. Pupil response: F | B.1. Level of consciousness: Alert | | |
| | C.1. Pupil response: Pupils are equal and reactive to light: Yes | | |
| 2. Right pupil: Brisk | e: Pupils are equal and reactive to light: Yes | | |
| 3. Left pupil: Brisk | | | |
| (continued on next pag | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 |
|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIE | ER | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Las Alturas Nursing & Transitional | Care | 4301 North Bartlett Avenue Laredo, TX 78041 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey a | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by | IENCIES full regulatory or LSC identifying informati | on) |
| F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Sections D.1-8 (motor function) an were documented with the same da assessment that was completed for (pain level, blood pressure, and pul assessment was documented as be The 3rd and 4th 2 hour check were through E.1 were blank. Sections E were documented for the neurologi signs were dated either 1 day AFTE (temperature and respirations) the The 1st and 2nd 4 hour checks, and time were to be documented. All the were documented with the same da assessment that was completed for level, blood pressure, and pulse) or Record review of Resident #3's pro (an anti-anxiety medication) was or 12:23pm. The following progress notes were 1. Type: Nursing progress note Effective: 6/15/24 at 9:28am Created: 6/18/24 at 10:30am Created by: DON | d E.1 (Resident response to pain) were ate/time and values that were documen r 6/15/24 at 7:15pm. Those vital signs of se) or 2 months BEFORE (temperature eing completed. dated correctly but timed incorrectly. A 2.2 and F.1-4 were documented with the cal assessment that was completed for ER (pain level, blood pressure, and pub neurological assessments were documented ate/time and values that were documented of 15/24 at 7:15pm. Those vital signs of 6/15/24 at 7:15pm. Those vital signs of 1/18/24 (temperature and respirations gress notes dated 6/11/24 to 6/28/24 in dered on 6/11/24. Resident #3 received late entries: | e blank. Sections E.2 and F.1-4 ted for the neurological vere dated either 1 day AFTER e and respirations) this neurological and respirations) this neurological where questions in sections A e same date/time and values that 6/15/24 at 7:15pm. Those vital se) or 2 months BEFORE ented as being completed. where the assessment date and vere blank. Sections E.2 and F.1-4 ted for the neurological vere dated either 6/17/24 (pain). n PCC reflected that Hydroxyzine d Hydroxyzine on 6/14/24 at |
| | 2. Type: Nursing progress note | | |
| | Effective: 6/15/24 at 3:30pm Created: 6/18/24 at 10:31am | | |
| | Created by: DON | n | |
| | Note: Family member was present | at this time with resident. RP was help g with the help of a walker. No pain not | 0 |
| | 3. Type: Nursing progress note | · · · | |
| | (continued on next page) | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
|---|---|---|---|--|
| NAME OF PROVIDER OR SUPPLI | ER | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| Las Alturas Nursing & Transitional | Care | 4301 North Bartlett Avenue Laredo, TX 78041 | | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey a | agency. | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by | CIENCIES full regulatory or LSC identifying informati | on) | |
| F 0842 | Effective: 6/15/24 at 7:00pm | | | |
| Level of Harm - Minimal harm or potential for actual harm | Created: 6/18/24 at 10:38am | | | |
| Residents Affected - Some | Created by: DON | | | |
| | Upon entering the room, nurse note trying to go and check on her family carefully transferred the resident ba | e that resident was found on her knees ed resident was on her knees beside th y member, who is her roommate. With ack to her own bed. A thorough head-to dema, or bruising were noted. ROM as MD and RP of incident. | e bed. Resident stated she was the assistance of CNA, SN p-toe assessment was conducted | |
| | 4. Type: Nursing progress note | | | |
| | Effective: 6/15/24 at 9:00pm | | | |
| | Created: 6/18/24 at 10:40am | | | |
| | Created by: DON | | | |
| | Note: Resident was rounded at this notified. | s time, no c/o pain or discomfort noted, | and no s/s of distress. RP was | |
| | 5. Type: Nursing progress note | | | |
| | Effective: 6/15/24 at 11:15pm | | | |
| | Created: 6/18/24 at 10:46am | | | |
| | Created by: DON | | | |
| | Note: Resident was rounded at this | s time, no c/o pain or discomfort noted, | and no s/s of distress. | |
| | 6. Type: Nursing progress note | | | |
| | Effective: 6/16/24 at 12:30am | | | |
| | Created: 6/18/24 at 10:49am | | | |
| | Created by: DON | Created by: DON | | |
| | Note: CNA provided incontinent ca resident continued to sleep in bed of | re at this time; no signs and symptoms comfortably. | of pain were noted, and the | |
| | 7. Type: Nursing progress note | | | |
| | Effective: 6/16/24 at 4:00am | | | |
| | (continued on next page) | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 North Bartlett Avenue Laredo, TX 78041 | |
| | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0842 | Created: 6/18/24 at 10:50am | | |
| Level of Harm - Minimal harm or potential for actual harm | Created by: DON | | |
| Residents Affected - Some | Note: CNA provided incontinent care at this time; no signs and symptoms of pain were noted, and the resident continued to sleep in bed comfortably. | | |
| | 8. Type: eINTERACT SBAR Summary for Providers | | |
| | Effective 6/18/24 at 7:00am | | |
| | Created: 6/18/24 at 11:01am | | |
| | Created by: RN B | | |
| | Situation: Pain to right leg with movement | | |
| | This started on: 6/16/24 (no time or time of day documented) Summarize your observations, evaluation, and recommendations: This morning, nurse was informed by the CNA that while changing resident and preparing for breakfast, noticed swelling above her right knee. Upon assessment, resident complained of tender pain and could move her feet from side to side without pain but experienced pain when moving her leg. Describe functional status changes: (Choices were needs more assistance with ADLs, general weakness, decreased mobility, fall, swallowing difficulty, no changes observed, and other). No changes were observed was checked. (Contradictory to the summarized statement that Resident #3 experienced pain when moving her leg. | | |
| | | | |
| | Are these the most recent vital signs taken after the change in condition occurred: Yes | | |
| | Most recent blood pressure: 128/79 dated 6/17/24 at 7:48am (1 day AFTER the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | |
| | Most recent pulse: 66 dated 6/17/24 at 7:48am (1 day AFTER the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | |
| | Most recent respiration: 18 dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | |
| | Most recent temperature: 98.0 dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | |
| | Most recent O2 sats: 98% dated 4/18/24 at 4:11am (2 months BEFORE the eINTERACT SBAR Summary for Providers effective date/time of 6/16/24 at 7:00am). | | |
| | (continued on next page) | | |

| /IDER/SUPPLIER/CLIA CATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 North Bartlett Avenue Laredo, TX 78041 | |
| t this deficiency, please co | htact the nursing home or the state survey | agency. | |
| SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | | |
| notification and feedback time of clinician notificat for Providers effective of endations of primary cli red pain medication, ad New orders were receive us evaluation: assessment relevant to e in condition being rep omplained of tender pain in moving her leg.) resident have pain: Not ent, resident complained ed pain when moving h tion: Not answered. (Se background information liagnosis: not answered of 6/15/24 which reflec burs as needed for anxis representative notificat time of family/ RP notificat time of family/ RP notificat compares note 6/16/24 at 3:00pm 6/18/24 at 10:57am e resident applied a right vas at bedside. CNA state e resident was reoriented tervention at this time. | c: ion: 6/16/24 at 12:00am (7 hours BEFC ate/time of 6/16/24 at 7:00am). ician: No bruising or signs of trauma no ised CNA to leave the resident in bed, a ed for an x-ray of the right hip and knee. the change in condition being reported? orted. (Contradictory to the summarized answered. (Contradictory to the summarized answered. (Contradictory to the summarized of tender pain and could move her feet or leg.) e above) e in the past week: Not answered. (Corr ed Resident #3 had an order for Hydrox ty that was ordered on 6/11/24) on: cation: 6/16/24 at 12:00am (7 hours beform knee orthopedic brace. At this time, resident we have and place and rested comfortal | ORE the eINTERACT SBAR ted at this time. Nurse immediately and notified the doctor of the "Answer: Not clinically applicable to statement of, Upon assessment, side without pain but experienced arized statement of, Upon from side to side without pain but htradictory to the Order Summary yzine HCI. Give 12.5 mg by mouth ore the effective date/time of | |
| e re vas e re terv eIN | esident applied a right at bedside. CNA stay sident was reoriented vention at this time. | esident applied a right knee orthopedic brace. At this time, rest at bedside. CNA stayed at the bedside to provide immediate sident was reoriented to time and place and rested comforta vention at this time. ITERACT SBAR Summary for Providers | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 | |
| | | | | |
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 North Bartlett Avenue Laredo, TX 78041 | | |
| For information on the nursing home's | plan to correct this deficiency, please con | l tact 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 | Effective: 6/21/24 at 9:15am | | | |
| Level of Harm - Minimal harm or potential for actual harm | Created: 6/23/24 at 11:17pm | | | |
| Residents Affected - Some | Created by: RN B | | | |
| | Vital signs evaluation: | ns taken after the change in condition (| occurred. Ves | |
| | Are these the most recent vital signs taken after the change in condition occurred: Yes Most recent blood pressure: 133/70 dated 6/23/24 at 7:21pm (2 days AFTER the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | Most recent pulse: 74 dated 6/23/24 at 7:21pm (2 days AFTER the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | Most recent respiration: 18 dated 6/23/24 at 2:38pm (2 days AFTER the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | Most recent temperature: 97.8 dated 6/23/24 at 2:38pm (2 days AFTER the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | Most recent weight: 127.0 dated 6/1/24 at 7:29pm. | | | |
| | Most recent O2 sats: 97% dated 6/23/24 at 2:38pm (2 days AFTER the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | Provider notification and feedback: | | | |
| | Were the change in condition and notifications reported to primary care clinician: Yes | | | |
| | Date and time of clinician notification: 6/21/24 at 12:00am (9 hours BEFORE the eINTERACT SBAR Summary for Providers effective date/ time of 6/21/24 at 9:15am). | | | |
| | (continued on next page) | | | |
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Printed: 06/04/2025 Form Approved OMB No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/31/2024 |
|--|--|--|---|
| | | | |
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 North Bartlett Avenue Laredo, TX 78041 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | 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 | asked about the readmission proce readmission, a progress note was p provider would be notified, and any was done immediately upon the res- most recent vital signs, that they we that had recent vital signs that show In reference to what would be docu- given, any risk management docum passed on to the next shift should be assessment but showed up in prog for fever, abnormal vital signs, letha RN C stated that progress notes we provider, and ADON/ DON were do documentation. RN C stated she was was told that Resident #2 pulled ou away, and had to be redirected free incident happened fixed the drain a her shift, she would notify the surge RN C stated the documentation wo PCC and a progress note would be summary of what happened, who w management documentation would date, time, and resident informatior In an interview on 10/30/24 at 2:37 for 2 years, became the DCE (Diree The ADON stated when a resident medication reconciliation, and the w returned. The ADON stated anythin ADON stated when someone return as soon as they got to the facility. T admission form and the nurse had notes were used for documenting a resident's clinical status. The ADOI changes, critical laboratory result a | pm, the ADON stated she had been we ctor of Clinical Education) for 2 1/2 yea was gone for a little while (to the hospi whole screening and care planning wer ing that was new or changed was revise ned to the facility, the head to toe asses the ADON stated the vital signs were p to change them to the correct vital sign any changes, new orders, appointments N stated that change in condition docur nd any change in a resident's condition The ADON stated the provider, RP an | admitted after a hospital stay as a essment was done, the primary tated the readmission assessment ad in reference to the resident's C stated there was a button to click d to click on each one individually. ated that any orders that were mation that would need to be RN C stated the SBAR was its own change in condition would be done or change in the resident's condition. C stated notifications to the RP, CC in the change in condition er as a patient after her on Resident #2's JP drain, but she 2 had dementia, forgot things right s in charge when the JP drain something like that happened on to see what the plan of action was. m or a risk management form in progress note would have a e was. RN C stated the risk would automatically generate the orking at the facility as a floor nurse rs and then became the ADON. tal) a readmission assessment, e done again when the resident d in orders and/ or care plans. The ssment and vital signs were done ulled automatically to the s. The ADON stated progress s, and anything related to the mentation was used for any the ADON stated it was done at |

| 1 | B. Wing | 10/31/2024 | |
|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER Las Alturas Nursing & Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 North Bartlett Avenue | |
| | | Laredo, TX 78041 | |
| olan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. | |
| SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | | |
| Provide and implement an infection prevention and control program. | | | |
| **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47371 | | | |
| Based on observation, record review, and interview, the facility failed to establish and maintain an infect prevention and control program, designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections, for one (Res # 1) of five residents that were reviewed for infection control and transmission-based precautions policies and practices, in that: | | | |
| a. On 10/27/2024, CNA A touched multiple surfaces and did not perform hand hygiene prior to commencing Resident #1's perineal care . | | | |
| These failures could place residents at risk for infection through cross contamination of pathogens. | | | |
| The findings included: | | | |
| Record review of Resident #1's Face Sheet dated 10/27/2024, revealed the resident was admitted originally on 05/27/2019, Resident #1 was an [AGE] year-old female with the following diagnoses: Alzheimer's (degenerative cognition), atherosclerotic heart disease of native coronary artery (heart disease), acute kidney failure, type 2 diabetes mellitus (endocrine disease), pleural effusion (abnormal build-up of fluid in the space around lungs) muscle weakness, and hypertension (high blood pressure). | | | |
| Record review of Resident #1's MDS dated [DATE] documented 6 out of 15 BIMS score suggesting severe cognitive impairment. As well as extensive dependency of staff to assist in activities of daily living. Resident #1 was coded for always incontinent. | | | |
| Record review of Resident #1's Comprehensive Care Plan date initiated 06/28/2019 and revised 01/24/2024 revealed, Focus: Resident #1 have bladder incontinence r/t diuretic, dementia and Alzheimer's. Goal: I will remain free from skin breakdown due to incontinence and brief use through the review date. Intervention: clean peri-area with each incontinence episode. | | | |
| During an observation on 10/27/2024 at 1:23PM, CNA A entered Resident #1's room, washed her hands then immediately applied clean gloves. With the clean gloves on, CNA A closed Resident #1's curtain, retrieved the bed remote, lowered the head of bed, followed by raising the bed to hip height, removed the pillows and Resident #1's brief, then proceeded to grab clean cleansing wipes and began cleaning Resident #1's perineal area without performing hand hygiene after touching the multiple surfaces were touched. | | | |
| During an interview on 10/27/2024 at 1:36PM CNA A stated she was nervous and had forgotten to change her gloves and perform hand hygiene prior to her care performance. CNA A stated she should have removed her contaminated gloves after touching the multiple surfaces, followed by performing hand hygiene and application of new clean gloves. CNA A stated by not performing hand hygiene nor glove change, she could have potentially introduced infectious microorganism onto Resident #1. CNA A also stated Resident #1 has multiple skin irregularities and infectious organisms could also be introduced through those skin openings. CNA A stated she could not recall when she last attended an hand hygiene or infection control in-service. | | | |
| (continued on next page) | | | |
| | Ian to correct this deficiency, please cont SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by 1 Provide and implement an infection **NOTE- TERMS IN BRACKETS H Based on observation, record revie prevention and control program, de help prevent the development and f # 1) of five residents that were revie and practices, in that: a. On 10/27/2024, CNA A touched to Resident #1's perineal care . These failures could place residents The findings included: Record review of Resident #1's Fac on 05/27/2019, Resident #1 was an (degenerative cognition), atheroscle kidney failure, type 2 diabetes melli space around lungs) muscle weakn Record review of Resident #1's MD cognitive impairment. As well as ex #1 was coded for always incontiner Record review of Resident #1's Cor revealed, Focus: Resident #1's Cor retrieved the bed remote, lowered to pillows and Resident #1's brief, then #1's perineal area without performing During an interview on 10/27/2024 her gloves and perform hand hygiet her contaminated gloves after toucd application of new clean gloves. CN have potentially introduced infection multiple skin irregularities and infect CNA A stated she could not recall v | Laredo, TX 78041 Ian to correct this deficiency, please contact the nursing home or the state survey a SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CG Based on observation, record review, and interview, the facility failed to es prevention and control program, designed to provide a safe, sanitary, and help prevent the development and transmission of communicable disease # 1) of five residents that were reviewed for infection control and transmiss and practices, in that: a. On 10/27/2024, CNA A touched multiple surfaces and did not perform th Resident #1's perineal care . These failures could place residents at risk for infection through cross con The findings included: Record review of Resident #1's Face Sheet dated 10/27/2024, revealed th on 05/27/2019, Resident #1's Face Sheet dated 10/27/2024, revealed th on 05/27/2019, Resident #1's Mos an [AGE] year-old female with the followi (degenerative cognition), atherosclerotic heart disease of native coronary kidney failure, type 2 diabetes mellitus (endocrine disease), pleural effusic space around lungs) muscle weakness, and hypertension (high blood preve Record review of Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's Comprehensive Care Plan date initiated 0 revealed, Focus: Resident #1's here, then proceeded to grab clean cleansing #1' was coded for always incontinent. Record review of Resident #1's there, then proceeded to grab clean cleansing #1' s perineal area without performing | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. Building | (X3) DATE SURVEY COMPLETED |
|--|---|---|---|
| | 676465 | B. Wing | 10/31/2024 |
| NAME OF PROVIDER OR SUPPLIE | R | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Las Alturas Nursing & Transitional Care | | 4301 North Bartlett Avenue Laredo, TX 78041 | |
| 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | clinical staff to follow the facility's p does follow the CDC guidelines reg clinical staff to remove contaminate DON stated by adhering to the han The DON stated he could not for ce state that microorganisms could live microorganisms were potentially inf transmissional route. The DON staf well-being of all residents, especial mellitus. The DON stated he does r infection as there are microorganism stating there could be a possible ch surfaces around Resident #1, could caused infection. The DON stated h hand hygiene in-service starting 10 Record review of the facility's Hand date revised January 2023 docume or, alternatively, soap (antimicrobia not limited to): Before moving from dressings, contaminated equipmen Record review of the facility's Infect 10/27/2024, documented topic: Ref control, blankets, follow proper han Record Review of the CDC Guidelii reviewed February 27, 2024, stated with soap and water for the followin performing an aseptic task (e.g., pla moving from work on a soiled body | at 2:59PM the DON stated the facility's blicy and procedures regarding hand hy arding hand hygiene. The DON stated d gloves and perform hand hygiene prid d hygiene policy and procedures, the fa ertain state that microorganisms were or e on various surfaces. The DON stated roduced onto Resident #1, as he could reduced address hand hygiene adhered /27/2024. washing/Hand Hygiene policy and procented, 7. Use an alcohol-based hand ru l or non-antimicrobial) and water for sit contaminated/soiled to clean care or prid tetc.; between gloves changes/after red rion Control, Hand Hygiene and Perinear nove gloves and wash hands before to ding washing techniques was reviewed nes regarding Clinical Safety: Hand Hy t, Healthcare providers should use an a g clinical indications: Immediately befor acing an indwelling device) or handling site to a clean body site on the same prid, after contact with blood, body fluids of the same prid and the same pride the | ygiene. The DON stated the facility his expectation would be for the ior to performing perineal care. The acility promotes infection control. on Resident #1, but proceeded to I he could not definitively state that d not conclude a specific entially negatively affect the es, which would include diabetes ite upwards vaginally to cause inary tract. The DON continued by nat potentially were on other #1, which could have potentially ence by conducting an impromptu cedure date implemented 2019, b containing at least 62% alcohol; uations such as this (including but rocedures; after handling used emoving gloves. al Care In-service dated buching any items such as bed d. giene for Healthcare Workers, last alcohol-based hand rub or wash re touching a patient, before invasive medical devices, before batient, after touching a patient or |