

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2020
NAME OF PROVIDER OF SUPPLIER LAMPSTAND NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2001 E 29TH ST BRYAN, TX 77802	
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)		

<p>F 0684</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for four of four residents reviewed for quality of care (Residents #2, #3, #4 and #5). The facility failed to administer routine medications when; A.) Resident #2 did not receive his morning medications of [MEDICATION NAME] 300 mg (for Gout), Aspirin 81 mg (for Hypertension), B Complex-B12 (for Vitamin Deficiency), [MEDICATION NAME] 25 mg (for Hypertension), [MEDICATION NAME] 5mg (for Hypertension), [MEDICATION NAME] 7.5 mg (for [MEDICAL CONDITION]), [MEDICATION NAME] HCL 500 mg (for Diabetes Mellitus Type II), [MEDICATION NAME] 25 mg (for Hypertension), Multivitamin with minerals, Vitamin C, Vitamin D3 (for Vitamin Deficiency) and [MEDICATION NAME] DM 60-1200mg (for congestion) on 06/27/2020. B.) Resident #3 did not receive her morning medication of Aspirin 81 mg (for Hypertension) [MEDICATION NAME] 100 mg (for constipation) [MEDICATION NAME] 250mg ([MEDICATION NAME]), Glimepiride 1mg (for Diabetes Mellitus Type 2), Ramipril 5mg (for Hypertension), Ropinirole HCL 1mg (for restless leg syndrome), [MEDICATION NAME] 100mg (for joint pain) and [MEDICATION NAME] HCL 500 mg (for Diabetes Mellitus type 2). C.) Resident #4 did not receive her morning medication of Amlodipine [MEDICATION NAME] 10 mg (for Hypertension), [MEDICATION NAME] Acid 500 mg (for lower leg wound), Aspirin 81mg (for Hypertension), NAME] 40mg (for Gastro-[MEDICAL CONDITION] Reflux), Vitamin D3 5000 units (for Vitamin D3 Deficiency), [MEDICATION NAME] 100 mg (for Major [MEDICAL CONDITION] with Psychotic features), [MEDICATION NAME] 5mg (for muscle spasm), Carvedilol 25 mg (for Hypertension), [MEDICATION NAME] 40 mg (for end stage [MEDICAL CONDITION]), [MEDICATION NAME] 100mg (for Diabetic [MEDICAL CONDITION]), Iron 325mg (for vitamin deficiency), Pro-stat sugar free (for wound healing), Ticagrelor 90 mg for ([MEDICAL CONDITION]), Tylenol 500 mg (for pain), [MEDICATION NAME] HCL 10 mg (for Gastro-[MEDICAL CONDITION] Reflux), [MEDICATION NAME] 1Gm (for Gastro-[MEDICAL CONDITION] Reflux), and [MEDICATION NAME] 100 mg (for pain). D.) Resident #5 did not receive her morning medication of [MEDICATION NAME] Acid 500 mg (for vitamin deficiency), [MEDICATION NAME] 40 mg (for [MEDICAL CONDITION]), Multi-Vitamin/ iron, Vitamin D3 2000 units (for vitamin deficiency), [MEDICATION NAME] 2.5 mg (for Hypertension), and [MEDICATION NAME] 50 mg (for pain). This failure to ensure the residents medications were administered could lead to exacerbation of health conditions, pain, and decline in condition. Finding include: A.) Review of Resident #2's Face Sheet reflected a [AGE] year-old male admitted to the facility on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #2's Quarterly Minimum (MDS) data set [DATE] reflected Resident #2 was assessed to have a Brief interview of mental status of 15 indicating he was cognitively intact. Further review of Resident #2's MDS assessment reflected he received medication 7 days a week. Review of Resident #2's Comprehensive Care Plan dated 12/13/2019 reflected focus areas of, Resident has Diabetes Mellitus, Resident requires [MEDICAL CONDITION] medications, and Resident has potential fluid deficit with the intervention of administer medications as ordered. Review of Resident #2's Consolidated Physician orders [REDACTED]. mg QD (for Hypertension), Multivitamin with minerals QD, Vitamin C 500 mg QD, Vitamin D3 400 units QD (for Vitamin Deficiency) and [MEDICATION NAME] DM 60-1200mg every 12 hours (for congestion) Review of Resident #2's Medication Administration Record [REDACTED]. [MEDICATION NAME] 300 mg (for Gout), Aspirin 81 mg (for Hypertension), B Complex-B12 (for Vitamin Deficiency), [MEDICATION NAME] 25 mg (for Hypertension), [MEDICATION NAME] 5mg (for Hypertension), [MEDICATION NAME] 7.5 mg (for [MEDICAL CONDITION]), [MEDICATION NAME] HCL 500 mg (for Diabetes Mellitus Type II), [MEDICATION NAME] 25 mg (for Hypertension), Multivitamin with minerals, Vitamin C, Vitamin D3 (for Vitamin Deficiency) and [MEDICATION NAME] DM 60-1200mg (for congestion). B.) Review of Resident #3's Face Sheet reflected a [AGE] year-old female admitted to the facility on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #3's Quarterly MDS assessment dated [DATE] reflected Resident #2 was assessed to have a BIMS score of 15 indicating she was cognitively intact. Further review of Resident #3's MDS assessment reflected he received medication 7 days a week. Review of Resident #3's Comprehensive Care Plan with an initiation date of 12/06/2019 reflected focus areas of Anticoagulant therapy, Hypertension, Diabetes Mellitus, and Fluid Deficit with the intervention of administer medications as ordered. Review of Resident #3's Consolidated Physician orders [REDACTED].#3 had orders for Aspirin 81 mg QD (for Hypertension) [MEDICATION NAME] 100 mg QD (for constipation) [MEDICATION NAME] 250mg QD ([MEDICATION NAME]), Glimepiride 1mg QD (for Diabetes Mellitus Type 2), Ramipril 5mg QD (for Hypertension), Ropinirole HCL 1mg QD (for restless leg syndrome), [MEDICATION NAME] 100mg BID (for joint pain) and [MEDICATION NAME] HCL 500 mg BID (for Diabetes Mellitus type 2). Review of Resident #3's MAR indicated [REDACTED]. C.) Review of Resident #4's Face Sheet reflected a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #4's Quarterly MDS assessment dated [DATE] reflected Resident #4 was assessed to have a BIMS score of 15 indicating she was cognitively intact. Further review of Resident #4's MDS assessment reflected he received medication 7 days a week. Review of Resident #4's Comprehensive Care Plan with the initiation date of 12/27/2020 reflected focus areas of Hypertension, Diabetes Mellitus, Resident Requires Anti-psychotic medications, Resident has [MEDICAL CONDITION] with the intervention of administer medications as ordered. Review of Resident #4's Consolidated Physician order [REDACTED].#4 had orders for the following medication [MEDICATION NAME] 10 mg QD (for Hypertension), [MEDICATION NAME] Acid 500 mg QD (for lower leg wound), Aspirin 81mg QD (for Hypertension), NAME] 40mg QD (for Gastro-[MEDICAL CONDITION] Reflux), Vitamin D3 5000 units QD (for Vitamin D3 Deficiency), [MEDICATION NAME] 100 mg QD (for Major [MEDICAL CONDITION] with Psychotic features), [MEDICATION NAME] 5mg BID (for muscle spasm), Carvedilol 25 mg BID (for Hypertension), [MEDICATION NAME] 40 mg BID (for end stage [MEDICAL CONDITION]), [MEDICATION NAME] 100mg BID (for Diabetic [MEDICAL CONDITION]), Iron 325mg BID (for vitamin deficiency), Pro-stat sugar free QD (for wound healing), Ticagrelor 90 mg for BID ([MEDICAL CONDITION]), Tylenol 500 mg QID (four times daily) (for pain), [MEDICATION NAME] HCL 10 mg QID (for Gastro-[MEDICAL CONDITION] Reflux), [MEDICATION NAME] 1Gm QID (for Gastro-[MEDICAL CONDITION] Reflux), and [MEDICATION NAME] 100 mg QID (for pain). Review of Resident #4's MAR indicated [REDACTED]. D.) Review of Resident #5's Face Sheet reflected a [AGE] year-old female admitted to the facility on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #5's Annual MDS assessment dated [DATE] reflected Resident #5 was assessed to have a BIMS score of 15 indicating she was cognitively intact. Resident #5 was assessed to receive medication 7 days a week. Review of Resident #5's Comprehensive Care Plan with the initiation date of 12/13/2019 and revised on 05/01/2020 reflected focus area of Resident has [MEDICAL CONDITION], Hypertension, and Resident is on Hypnotic Therapy with interventions of administer medications as ordered. Review of Resident #5's Consolidated Physician order [REDACTED]. Review of Resident #5's MAR indicated [REDACTED]. [MEDICATION NAME] Acid 500 mg (for vitamin deficiency), [MEDICATION NAME] 40 mg (for [MEDICAL CONDITION]), Multi-Vitamin/ iron, Vitamin D3 2000 units (for vitamin deficiency), [MEDICATION NAME] 2.5 mg (for Hypertension), and [MEDICATION NAME] 50 mg (for pain). Review of the facility's Medication administration times reflected QD medication for 200 hall were to be administered at 7:00 AM. In an interview on 07/02/2020</p>
<p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</p>	<p>TITLE (X6) DATE</p>

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.

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F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>at 2:40 PM the DON after reviewing Resident #2, #3, #4 and #5 MAR's stated the medications were not given. She stated she had a Medication Aide (MA) walk out that morning, but the nurse for that hall should have picked up the slack and passed the medications. In an interview on 07/02/2020 at 3:04 PM the LVN A assigned to 200 hall on 06/27/2020 stated MA B came to work on 06/27/2020 got mad about his assignment and walked out. LVN A stated she passed most of the medications but did not get to all the medications on 200 hall. LVN A stated, I did not have a MA. LVN A stated she figured the DON already knew and did not call her. In an interview on 07/03/2020 at 11:00 AM MA B stated, I didn't abandon my job, I refused to work out of compliance. He stated they gave him 62 residents to provide meds to within the allotted time. In an interview on 07/02/2020 at 3:40 PM the Administrator stated it was her expectation that the residents receive their medication as ordered by their physician's and the medications to be on time. The administrator stated she terminated the MA for walking off the job and the nurse was suspended for not giving the medication or reporting she was unable to complete the medication pass on 06/27/2020.</p>		