STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022
NAME OF PROVIDER OR SUPPLIER Richmond Health Care Center		STREET ADDRESS, CITY, STATE, ZI 705 Jackson St Richmond, TX 77469	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0755 Level of Harm - Actual harm Residents Affected - Few	 licensed pharmacist. **NOTE- TERMS IN BRACKETS F Based on observation, interview arr (including procedures that assure to of each resident for 1 of 6 resident: The facility failed to ensure that Refereceived timely, as a result Reside This failure could place residents wiserious side effects from possible in Findings included: Record review of Resident #1's fact the facility on [DATE]. She was dia person's kidneys cease functioning worry, anxiety, or fear), chronic obs and make it difficult to breath), sch behave clearly), anemia (a condition depression (a mental health disord activities), anxiety (intense, excess osteoporosis (a condition in which Record review of Resident #1's ME Interview for Mental Status) of 15 (behaviors; she required supervisio 	a meet the needs of each resident and HAVE BEEN EDITED TO PROTECT C and record review, the facility failed to pr he accurate administering of all drugs is (Resident #1) reviewed for pharmacy asident #1's Ingrezza medication was o nt #1's Tardive Dyskinesia worsened. whose medications were supervised by nterruptions to their medication regime agnosed with end-stage kidney disease (a), anxiety disorder (a mental health dis structive pulmonary disease (a group o no in which the blood does not have en er characterized by persistently depres ive, and persistent worry and fear about bones become weak and brittle). DS (Minimum Data Set), dated [DATE] cognitively intact); she did not exhibit a n and set-up assistance from staff for b rsonal hygiene; she was independent of	ONFIDENTIALITY** 26454 ovide pharmaceutical services and biologicals) to meet the needs services. rdered from the pharmacy and the facility at risk of experiencing n. r-old female who was admitted to (a medical condition in which a order characterized by feelings of f lung diseases that block airflow rson's ability to think, feel, and ough healthy red blood cells), major seed mood or loss of interest in ut everyday situations), and revealed she had a BIMS (Brief my symptoms of psychosis or bed mobility, transfers, walking,

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE

Facility ID: 676006

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022
NAME OF PROVIDER OR SUPPLIE Richmond Health Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 705 Jackson St Richmond, TX 77469		P CODE
For information on the nursing home's	plan to correct this deficiency, please con	l 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 0755 Level of Harm - Actual harm Residents Affected - Few	 she used anti-anxiety medications; medications (Goal: resident will be/movement disorder .), (Intervention nervous system, often caused by lo involuntary movements, such as gr Observation and interview with Resambulated via wheelchair. Residen previous Monday, [DATE]. She stati it was coming tomorrow. She said the received the medication, she notice involuntarily more and she did not as because it would take some time for since 3:00 a.m. that day ([DATE]). Monday ([DATE]) when they told he from a specialty pharmacy and nob revealed her tongue projected from Record review of Resident #1's, Me Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Ord Date: [DATE]. Record review of Resident #1's, Me Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic (pharmacy name and phone in Record review of Resident #1's, Me Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic (pharmacy name and phone in Record review of Resident #1's MA Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic (pharmacy name and phone in Record review of Resident #1's MA Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic (pharmacy name and phone in Record review of Resident #1's MA Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic pharmacy name and phone in Record review of Resident #1's MA Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic pharmacy name and phone in the record revealed not administered [DATE] - [DATE]. Record review of Resident #1's MA Ingrezza Capsule 40 MG, Give 1 ca supply runs low at 8 doses left. Statistic pharmacy name and phone in the record revealed not administered [DATE] - [DATE]. 	apsule by mouth at bedtime for Tardive rt Date: [DATE], D/C Date: [DATE]. ed Ingrezza was administered daily in ["R for [DATE] revealed: apsule by mouth at bedtime for Tardive rt Date: [DATE], D/C Date: [DATE]. apsule by mouth at bedtime for Tardive	and she used antipsychotic d complications, including kinesia [a condition affecting the . Symptoms include repetitive, g, lip smacking/puckering] .) aled she was alert, oriented, and edication, Ingrezza, since the dication daily, but they always said hesia and since she had not ore, her legs went up and down very frustrating and she was upset again. She said she had been up lication until Sunday ([DATE]) and one. She said she had been up lication until Sunday ([DATE]) and one. She said the medication came rvation of Resident #1 at that time ind while at rest. Inders) for [DATE] revealed: Dyskinesia, Notify SW when listed), Order Date: [DATE], Start orders) for [DATE] revealed: Dyskinesia, Call pharmacy for Date: [DATE], Start Date: [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022
NAME OF PROVIDER OR SUPPLI Richmond Health Care Center	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 705 Jackson St Richmond, TX 77469	
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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0755	Further review of the record revealed the medication was not administered on [DATE].		
Level of Harm - Actual harm	Record review of Resident #1's Nursing Progress Notes for [DATE] revealed:		
Residents Affected - Few		ote, Ingrezza Capsule 40 MG, Give 1 c n supply runs low at 8 doses left. Media	
	 On [DATE] at 6:27 p.m., LVN B wrote, MAR indicates Social Worker needs to be informed Eight (8) doses before the medication runs out to order it. Today is Saturday Weekend [DATE] (resident informed me she has missed 4 Evening doses - no orders noted to date). I will inform Social Worker at earliest convenience so medication could be ordered ASAP (Note: I was informed by Night Shift Nurse [night shift nurse was not named] that 1. Information for Specialty Pharmacy is on the order, but it is not, it shows old pharmacy information and 2. Social Worker needs to order it). On [DATE] at 6:46 a.m., LVN C wrote, Reported to DON about Ingrezza order needed via Social Worker thru a Specialty Pharmacy. DON will follow up. Day Shift Nurse informed/will monitor situation. On [DATE] at 10:24 a.m., the DON wrote, Spoke with specialty pharmacy and the order for the Ingrezza Capsule 40 MG was called in and the medication will be sent out today and will be delivered tomorrow. 		
	Ingrezza, which had to be ordered facility and the pharmacy was not e that the medication was not availab were trying to get the refill order fro had to wait until Tuesday, [DATE], and the pharmacy was closed. She medication refills should be reques reported any problems with getting refilled through their computer syst the nurses may not have known ho	ATE] at 10:30 a.m., she said the facility through a specialty pharmacy. She sai effective. The DON said once she found ble in the facility, she contacted the spe im a doctor who no longer saw residen to call the specialty pharmacy because e said she contacted the current doctor ted within seven days before they ran of the medication within the seven days. em, but since the Ingrezza had to be o w to order it. She said most of the nurs rezza during this shift) were agency sta	d communication between the d out over the weekend ([DATE]) icialty pharmacy who said they ts at the facility. The DON said she Monday, [DATE] was a holiday to refill the medication. She said out, but none of the nurses ever She said regular medications were rdered from a specialty pharmacy, ses on the 2:00 p.m 10:00 p.m.
	note to contact her about Resident pharmacy to order the medication f maybe the nurses thought she was their regular pharmacy because the pharmacy who could provide the m	ker on [DATE] at 11:00 a.m., she state #1's medication refill. She said she wa from back in [DATE] (when Resident # s the one who had to order the medicat ey did not provide the Ingrezza and the redication. She said nobody ever notifie it ran out. She said she was not made	s the one who figured out which 1 started taking the medication), so ion. She said in [DATE], she called y told her the name of the specialty ed her when Resident #1 had eight

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022
NAME OF PROVIDER OR SUPPLIE Richmond Health Care Center	ĒR	STREET ADDRESS, CITY, STATE, ZIP CODE 705 Jackson St Richmond, TX 77469	
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 DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0755 Level of Harm - Actual harm Residents Affected - Few	medication situation. He said one of the Social Worker about ordering the re-order medications within three de have written a special note on the M aware of any side effects Resident Resident #1 received the medication observed and talked to Resident #1 unusual. In an interview with the DON on [D] residents at the facility, but his NP the issue on Saturday ([DATE]), she specialty pharmacy's phone number and phone number for the specialty She said she tried again on Sundar she called the specialty pharmacy's was expired and a new order had the trying to reach the old NP, but they he wrote a new order. She said she not write the order because the me was delivered by the specialty phar would be administered to Resident MAR to contact the Social Worker in and a new order was created on the specialty pharmacy on the MAR. S Worker eight days ahead, as the nor the medication ran out. She said if (Resident #1) would have found he because that is what she normally 2:00 p.m 10:00 p.m. shift were ag familiar with their processes. She sis phone number to call with any quest the Social Worker because that wa been to follow the chain of commar attention sooner. The DON said Re- legs were moving more, but she (th	tor on [DATE] at 1:00 p.m., he said he was a gency nurses must have put the not he medication, but that was not correct. ays of last dose, but if the medication work was not try and re-order more than thre #1 had experienced due to not having on daily, she still had some signs of it that while passing through the hallways and ATE] at 1:15 p.m., she said Resident # stopped seeing residents in [DATE]. She told LVN C to look for any notes from arr, but LVN C said she could not find it. If y pharmacy, but there was no answer a y ([DATE]) and Monday ([DATE]) but the on Tuesday ([DATE]), the representative obe submitted. She said the represent could not reach her. The DON said she tried to get an order from Resident #1 dication was referred by the psychiatris macy 20 minutes ago (on [DATE] 20 m #1 that evening. The DON said she de (that was why the initial order for Ingrez e same day) and instead, wrote the name he said she did not know why the nurses did Resident #1 was out of her medications of the provided an orientation for all stions. The DON said her expectation vis what the order said. She said the next and and call her (the DON) or the ADON scient #1 told her she needed the medication is gency nurses, but the facility tried to statiat the order said. She said the next and and call her (the DON) or the ADON scient #1 told her she needed the medication is gency marker.	e in Resident #1's MAR to contact He said the facility's policy was to vas hard to get, the nurses should e days ahead. He said he was not her medication. He said even when e Tardive Dyskinesia. He stated he ad he did not notice anything 1's doctor never stopped seeing he said when she found out about the Social Worker to find the The DON said she found the name fter hours on a Saturday ([DATE]). ere was no answer. She said when e said Resident #1's prescription ative said the pharmacy had been e called Resident #1's doctor and 's primary doctor, but they could st. The DON stated the Ingrezza hinutes prior to the interview) and leted the note on Resident #1's zza was discontinued on [DATE] me and phone number of the said not contact the Social call her, but not eight days before since last Monday ([DATE]), she er until the medication was in were low. She said most of the ff the same nurses who were agency nurses and gave them her vas for the agency nurses to call tt thing for them to do would have and bring the issue to their ication because her tongue and ual about Resident #1. She said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022	
NAME OF PROVIDER OR SUPPLIE Richmond Health Care Center	R	STREET ADDRESS, CITY, STATE, ZIP CODE 705 Jackson St Richmond, TX 77469		
For information on the nursing home's	plan to correct this deficiency, please con	contact the nursing home or the state survey agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	F DEFICIENCIES reded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Actual harm Residents Affected - Few	Resident #1 said she had not recei #1's MAR and noted the last time the the note to inform the Social Worked before then. She said she called the said it had to be filled by a specialty DON, who said she would follow up previously cared for her. She said su unusual. She said Resident #1 ask to alarm her, so she said she did no because she was the on-coming no five days ahead of the last dose. In a telephone interview with LVN // [DATE], she spoke with Resident # movements and tongue smacking. Resident #1 said she had not recei computer system to order it, but sh called the DON to inform her about call the Social Worker about the mo- lin a telephone interview with Resident the problem with Resident #1's Ing Resident #1's involuntary movement the pharmacist, who assured him the was aware they (the pharmacy) we pharmacy was trying to reach anott An unsuccessful attempt was made phone call on [DATE] at 12:17 p.m. Monday ([DATE]) on the 2:00 p.m. not recall the nurse's name) told he looked in the computer system, it s Resident #1 said the medication has note on Resident #1's MAR to cont nurse on a previous shift document Record review of, Medication and T medications and treatments will be Interpretation and Implementation	B on [DATE] at 1:35 p.m., she said she ved the Ingrezza for the last four nights he medication was ordered was someti er eight doses ahead on Saturday ([DAT e regular pharmacy because they were y pharmacy because they no longer sup b. LVN B said she was familiar with Resishe observed that Resident #1's tongue ed her if she saw anything unusual abo to see anything different. She said she urse. She said the standard policy had a A on [DATE] at 1:50 p.m., she stated with and she could tell she had Tardive D She said that was the first time she wo ved her medication in ,d+[DATE] days. e could not find information on the spec- the issue. LVN A said she did not see edication, but on [DATE] at 2:15 p.m., rezza on Tuesday ([DATE]). He said the nts. He said he immediately called the sa- he medication would be shipped the sa- he medication would be shipped the sa- her awaiting a call from him (the doctor) her doctor. e to contact LVN C by phone on [DATE] and stated she worked with Resident #1's howed the medication was ordered from ad to be ordered from a specialty pharm act the Social Worker, but she did see ted to call the Social Worker on the 24- freatment Orders, revised [DATE] reve consistent with principles of safe and e 11. Drugs and biologicals that are requ- than three (3) days prior to the last dos	 She said she looked at Resident me in [DATE]. She said she saw TE]), but she did not see the note the last to fill the order, but they poplied it. She said he called the sident #1 because she had a was doing something a little out her tongue, but she did not want told LVN C about the issue always been to refill medications hen she worked at the facility on yskinesia because of her leg rked with Resident #1. She said She said she looked in the cialty pharmacy. She said she any note on Resident #1's MAR to n was already out. he stated he was informed about e medication was used to control specialty pharmacy and spoke with me day. He said the pharmacist . He said he was not informed the at 2:45 p.m. LVN C returned the #1 on Sunday ([DATE]) and rom the previous shift (she could so medication. She said when she n the regular pharmacy, but hacy. She said she did not see a that note on the 24-hour report (the hour report). 	

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Richmond Health Care Center 705 Jackson St		STREET ADDRESS, CITY, STATE, ZII 705 Jackson St Richmond, TX 77469	P CODE
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)		on)
F 0755 Level of Harm - Actual harm Residents Affected - Few	Response Policy and Procedures, r employees or service providers to p physical harm, pain, mental anguish	Exploitation, and Misappropriation of Prevised [DATE] revealed, . Neglect: The provide goods and services to a patient n, or mental illness. Neglect occurs where the care and services to assure that care as a service to a service that the service to a serv	e failure of the facility, its that are necessary to avoid en facility staff fails to monitor

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NAME OF PROVIDER OR SUPPLIER Richmond Health Care Center		STREET ADDRESS, CITY, STATE, ZI 705 Jackson St Richmond, TX 77469	P CODE
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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0760	Ensure that residents are free from significant medication errors.		
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 26454
Residents Affected - Few		nd record review, the facility failed to e f 6 residents (Resident #1) reviewed fo	,
	Resident #1 experienced exacerbated symptoms of her illness with involuntary movements of her tongue and legs after she missed six doses of Ingrezza medication because the facility failed to order it before it ra out. This failure placed all residents whose medications were supervised by the facility at risk of experiencing serious side effects from possible interruptions to their medication regimen.		
	Findings included:		
	the facility on [DATE]. She was dia person's kidneys cease functioning worry, anxiety, or fear), chronic obs and make it difficult to breath), schi behave clearly), anemia (a conditio depression (a mental health disord	e sheet revealed she was a [AGE] yea gnosed with end-stage kidney disease), anxiety disorder (a mental health dis structive pulmonary disease (a group o zophrenia (a disorder that affects a per n in which the blood does not have en- er characterized by persistently depress ive, and persistent worry and fear about pones become weak and brittle).	(a medical condition in which a order characterized by feelings of f lung diseases that block airflow rson's ability to think, feel, and ough healthy red blood cells), majo sed mood or loss of interest in
	Interview for Mental Status) of 15 (behaviors; she required supervision	OS (Minimum Data Set), dated [DATE] cognitively intact); she did not exhibit a n and set-up assistance from staff for b sonal hygiene; she was independent v	ny symptoms of psychosis or bed mobility, transfers, walking,
	she used anti-anxiety medications; medications (Goal: resident will be/ movement disorder .), (Intervention nervous system, often caused by lo	e plan updated [DATE] revealed she w she used antidepressant medication; a remain free of psychotropic drug relate s: Administer Ingrezza for Tardive Dys ong-term use of some psychiatric drugs imacing, rapid blinking, tongue thrustin	and she used antipsychotic ed complications, including skinesia [a condition affecting the s. Symptoms include repetitive,
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	676006	B. Wing	06/02/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Richmond Health Care Center		705 Jackson St Richmond, TX 77469	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	ICIENCIES y full regulatory or LSC identifying information)	
F 0760	Observation and interview with Resident #1 on [DATE] at 12:40 p.m. revealed she was alert, oriented, and		
Level of Harm - Actual harm	ambulated via wheelchair. Resident #1 stated she had not received her medication, Ingrezza, since the previous Monday, [DATE]. She stated she asked the nurses about the medication daily, but they always said		
Residents Affected - Few	it was coming tomorrow. She said the Ingrezza was for her Tardive Dyskinesia and since she had not received the medication, she noticed her tongue hung out of her mouth more, her legs went up and down involuntarily more and she did not sleep. She said these symptoms were very frustrating and she was upset because it would take some time for her body to adjust to the medication again. She said she had been up since 3:00 a.m. that day ([DATE]). She said nobody tried to order the medication until Sunday ([DATE]) and Monday ([DATE]) when they told her the pharmacy did not answer the phone. She said the medication came from a specialty pharmacy and nobody knew how to order it. Further observation of Resident #1 at that time revealed her tongue projected from her mouth at times while she talked and while at rest.		
	Record review of Resident #1's, Medication Review Report (Physician's Orders) for [DATE] revealed:		orders) for [DATE] revealed:
	Ingrezza Capsule 40 MG, Give 1 capsule by mouth at bedtime for Tardive Dyskinesia, Notify SW when supply runs low at 8 doses left. Order Status: Discontinued (no date was listed), Order Date: [DATE], Start Date: [DATE].		
	Record review of Resident #1's, Medication Review Report (Physician's Orders) for [DATE] revealed:		
	Ingrezza Capsule 40 MG, Give 1 capsule by mouth at bedtime for Tardive Dyskinesia, Call pharmacy for refills (pharmacy name and phone number). Order Status: Active, Order Date: [DATE], Start Date: [DATE].		
	Record review of Resident #1's MAR for [DATE] revealed:		
		Ingrezza Capsule 40 MG, Give 1 capsule by mouth at bedtime for Tardive Dyskinesia, Notify SW when supply runs low at 8 doses left. Start Date: [DATE], D/C Date: [DATE].	
	Further review of the record reveal not administered [DATE] - [DATE].	Further review of the record revealed Ingrezza was administered daily in [DATE] until [DATE]. Doses were not administered [DATE] - [DATE].	
	Record review of Resident #1's MA	AR for [DATE] revealed:	
	Ingrezza Capsule 40 MG, Give 1 capsule by mouth at bedtime for Tardive Dyskinesia, Notify SW when supply runs low at 8 doses left. Start Date: [DATE], D/C Date: [DATE].		
	Ingrezza Capsule 40 MG, Give 1 capsule by mouth at bedtime for Tardive Dyskinesia, Call pharmacy for refills (pharmacy name and phone number). Start Date: [DATE].		
	Further review of the record revealed the medication was not administered on [DATE].		
	Record review of Resident #1's Nursing Progress Notes for [DATE] revealed:		led:
		ote, Ingrezza Capsule 40 MG, Give 1 c n supply runs low at 8 doses left. Medic	
	(continued on next page)		

NAME OF PROVIDER OR SUPPLIER Richmond Health Care Center For information on the nursing home's pla (X4) ID PREFIX TAG F 0760 Level of Harm - Actual harm Residents Affected - Few	an to correct this deficiency, please con- SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by On [DATE] at 6:27 p.m., LVN B wro before the medication runs out to o has missed 4 Evening doses - no o medication could be ordered ASAP named] that 1. Information for Spec information and 2. Social Worker no On [DATE] at 6:46 a.m., LVN C wr thru a Specialty Pharmacy. DON w On [DATE] at 10:24 a.m., the DON Capsule 40 MG was called in and t In an interview with the DON on [D/ Ingrezza, which had to be ordered a	full regulatory or LSC identifying informati ote, MAR indicates Social Worker need rder it. Today is Saturday Weekend [D. rders noted to date). I will inform Socia (Note: I was informed by Night Shift N cialty Pharmacy is on the order, but it is	agency. on) s to be informed Eight (8) doses ATE] (resident informed me she il Worker at earliest convenience s urse [night shift nurse was not is not, it shows old pharmacy order needed via Social Worker will monitor situation. and the order for the Ingrezza id will be delivered tomorrow.
(X4) ID PREFIX TAG F 0760 Level of Harm - Actual harm	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by On [DATE] at 6:27 p.m., LVN B wro before the medication runs out to o has missed 4 Evening doses - no o medication could be ordered ASAP named] that 1. Information for Spec information and 2. Social Worker no On [DATE] at 6:46 a.m., LVN C wr thru a Specialty Pharmacy. DON w On [DATE] at 10:24 a.m., the DON Capsule 40 MG was called in and t In an interview with the DON on [D/ Ingrezza, which had to be ordered	SIENCIES full regulatory or LSC identifying informati ote, MAR indicates Social Worker need rder it. Today is Saturday Weekend [D, rders noted to date). I will inform Socia (Note: I was informed by Night Shift N cialty Pharmacy is on the order, but it is eeds to order it). ote, Reported to DON about Ingrezza of ill follow up. Day Shift Nurse informed/of wrote, Spoke with specialty pharmacy he medication will be sent out today ar ATE] at 10:30 a.m., she said the facility	on) s to be informed Eight (8) doses ATE] (resident informed me she I Worker at earliest convenience s urse [night shift nurse was not ont, it shows old pharmacy order needed via Social Worker will monitor situation. and the order for the Ingrezza ad will be delivered tomorrow.
F 0760 Level of Harm - Actual harm	(Each deficiency must be preceded by On [DATE] at 6:27 p.m., LVN B wro before the medication runs out to o has missed 4 Evening doses - no o medication could be ordered ASAP named] that 1. Information for Spec information and 2. Social Worker no On [DATE] at 6:46 a.m., LVN C wr thru a Specialty Pharmacy. DON w On [DATE] at 10:24 a.m., the DON Capsule 40 MG was called in and t In an interview with the DON on [D/ Ingrezza, which had to be ordered a	full regulatory or LSC identifying informati ote, MAR indicates Social Worker need rder it. Today is Saturday Weekend [D. rders noted to date). I will inform Socia (Note: I was informed by Night Shift N cialty Pharmacy is on the order, but it is eeds to order it). ote, Reported to DON about Ingrezza o ill follow up. Day Shift Nurse informed/o wrote, Spoke with specialty pharmacy he medication will be sent out today ar ATE] at 10:30 a.m., she said the facility	s to be informed Eight (8) doses ATE] (resident informed me she Il Worker at earliest convenience s urse [night shift nurse was not a not, it shows old pharmacy order needed via Social Worker will monitor situation. and the order for the Ingrezza ad will be delivered tomorrow.
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	In an interview with the DON on [D/ Ingrezza, which had to be ordered	ATE] at 10:30 a.m., she said the facility	
	that the medication was not available were trying to get the refill order fro- had to wait until Tuesday, [DATE], i and the pharmacy was closed. She medication refills should be request reported any problems with getting refilled through their computer syste the nurses may not have known ho	offective. The DON said once she found the in the facility, she contacted the spe m a doctor who no longer saw resident to call the specialty pharmacy because said she contacted the current doctor ted within seven days before they ran of the medication within the seven days. em, but since the Ingrezza had to be on w to order it. She said most of the nurs ezza during this shift) were agency sta	d out over the weekend ([DATE]) cialty pharmacy who said they ts at the facility. The DON said sh Monday, [DATE] was a holiday to refill the medication. She said out, but none of the nurses ever She said regular medications wer dered from a specialty pharmacy ses on the 2:00 p.m 10:00 p.m.
	note to contact her about Resident pharmacy to order the medication f maybe the nurses thought she was their regular pharmacy because the pharmacy who could provide the m	ker on [DATE] at 11:00 a.m., she stated #1's medication refill. She said she wa rom back in [DATE] (when Resident #1 the one who had to order the medicati ey did not provide the Ingrezza and the edication. She said nobody ever notifie it ran out. She said she was not made	s the one who figured out which I started taking the medication), s on. She said in [DATE], she calle y told her the name of the special ed her when Resident #1 had eigh
	medication situation. He said one of the Social Worker about ordering the re-order medications within three de have written a special note on the M aware of any side effects Resident Resident #1 received the medication	or on [DATE] at 1:00 p.m., he said he w f agency nurses must have put the not ne medication, but that was not correct. ays of last dose, but if the medication w MAR to try and re-order more than thre #1 had experienced due to not having in daily, she still had some signs of it th I while passing through the hallways an	e in Resident #1's MAR to contact He said the facility's policy was t vas hard to get, the nurses should e days ahead. He said he was no her medication. He said even whe Tardive Dyskinesia. He stated
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676006	B. Wing	06/02/2022
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Richmond Health Care Center		705 Jackson St Richmond, TX 77469	
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 0760 Level of Harm - Actual harm Residents Affected - Few	residents at the facility, but his NP s the issue on Saturday ([DATE]), sh specialty pharmacy's phone number and phone number for the specialty She said she tried again on Sunday she called the specialty pharmacy of was expired and a new order had to trying to reach the old NP, but they he wrote a new order. She said she not write the order because the mer was delivered by the specialty phar would be administered to Resident MAR to contact the Social Worker (and a new order was created on the specialty pharmacy on the MAR. SI Worker eight days ahead, as the not the medication ran out. She said if I (Resident #1) would have found he because that is what she normally of 2:00 p.m 10:00 p.m. shift were ag familiar with their processes. She ss phone number to call with any ques the Social Worker because that was been to follow the chain of commar attention sooner. The DON said Re legs were moving more, but she (th although she could not see anything In a telephone interview with LVN E Resident #1 said she had not recein #1's MAR and noted the last time th the note to inform the Social Worker before then. She said she called the said it had to be filled by a specialty DON, who said she would follow up previously cared for her. She said unusual. She said Resident #1 ask to alarm her, so she said she did no	ATE] at 1:15 p.m., she said Resident # stopped seeing residents in [DATE]. She e told LVN C to look for any notes from r, but LVN C said she could not find it. pharmacy, but there was no answer any ([DATE]) and Monday ([DATE]) but the on Tuesday ([DATE]), the representative to be submitted. She said the represent could not reach her. The DON said she e tried to get an order from Resident #1 dication was referred by the psychiatris macy 20 minutes ago (on [DATE] 20 m #1 that evening. The DON said she de that was why the initial order for Ingrez e same day) and instead, wrote the name said she did not know why the nurses one instructed. She said the nurses did Resident #1 was out of her medication or r (the DON) and hounded (harassed) he did whenever she felt her medications of gency nurses, but the facility tried to sta aid they provided an orientation for all a stions. The DON said her expectation w is what the order said. She said the next of and call her (the DON) or the ADON sident #1 told her she needed the med e DON) did not observe anything unus g different, maybe Resident #1 could si B on [DATE] at 1:35 p.m., she said she wed the Ingrezza for the last four nights he medication was ordered was someti r eight doses ahead on Saturday ([DAT e regular pharmacy because they were of pharmacy because they no longer sup b. LVN B said she was familiar with Res- the observed that Resident #1's tongue ed her if she saw anything unusual about the sea anything different. She said she urse. She said the standard policy had a stand the standard policy had a	he said when she found out about in the Social Worker to find the The DON said she found the name offer hours on a Saturday ([DATE]). Here was no answer. She said when we said Resident #1's prescription ative said the pharmacy had been e called Resident #1's doctor and 's primary doctor, but they could st. The DON stated the Ingrezza ninutes prior to the interview) and eleted the note on Resident #1's tzza was discontinued on [DATE] me and phone number of the as did not contact the Social call her, but not eight days before since last Monday ([DATE]), she her until the medication was in were low. She said most of the agency nurses and gave them her was for the agency nurses to call to thing for them to do would have and bring the issue to their lication because her tongue and sual about Resident #1. She said ee and feel the difference. worked on Saturday ([DATE]) and a. She said she looked at Resident me in [DATE]. She said she saw TE]), but she did not see the note to the last to fill the order, but they poplied it. She said he called the sident #1 because she had a was doing something a little but her tongue, but she did not want told LVN C about the issue

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2022
NAME OF PROVIDER OR SUPPLIE Richmond Health Care Center			P CODE
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 DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0760 Level of Harm - Actual harm Residents Affected - Few	[DATE], she spoke with Resident # movements and tongue smacking. Resident #1 said she had not recei computer system to order it, but sh called the DON to inform her about call the Social Worker about the me In a telephone interview with Resid the problem with Resident #1's Ing Resident #1's involuntary movement the pharmacist, who assured him th was aware they (the pharmacy) we pharmacy was trying to reach anot! An unsuccessful attempt was made phone call on [DATE] at 12:17 p.m. Monday ([DATE]) on the 2:00 p.m. not recall the nurse's name) told he looked in the computer system, it s Resident #1 said the medication ha note on Resident #1's MAR to cont nurse on a previous shift document Record review of, Medication and T medications and treatments will be Interpretation and Implementation .	A on [DATE] at 1:50 p.m., she stated with and she could tell she had Tardive D She said that was the first time she work of her medication in ,d+[DATE] days. e could not find information on the species the issue. LVN A said she did not see edication, but on [DATE], the medication ent #1's doctor on [DATE] at 2:15 p.m. rezza on Tuesday ([DATE]). He said the she medication would be shipped the said the she medication would be shipped the said re awaiting a call from him (the doctor) her doctor. e to contact LVN C by phone on [DATE and stated she worked with Resident #1's howed the medication was ordered from a to be ordered from a specialty pharm act the Social Worker, but she did see ted to call the Social Worker on the 24- freatment Orders, revised [DATE] reve consistent with principles of safe and e 11. Drugs and biologicals that are req than three (3) days prior to the last doc	yskinesia because of her leg rked with Resident #1. She said She said she looked in the cialty pharmacy. She said she any note on Resident #1's MAR to n was already out. , he stated he was informed about e medication was used to control specialty pharmacy and spoke with me day. He said the pharmacist . He said he was not informed the [] at 2:45 p.m. LVN C returned the #1 on Sunday ([DATE]) and rom the previous shift (she could s medication. She said when she m the regular pharmacy, but hacy. She said she did not see a that note on the 24-hour report (the hour report). aled, Policy Statement, Orders for offective order writing. Policy uired to be refilled must be ordered