STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Terrace Rehabilitation and Healthcare	812 W Houston Ave McAllen, TX 78501

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 1 of 2 residents (Resident #1) reviewed for medication storage.The facility did not ensure a medication named Normal Saline flush was not stored at the bedside for Resident #1 on 10/3/2025.This failure could place all residents at risk of misuse of medication and decreased quality of life. Findings included: Record review of Resident #1 face sheet dated 10/3/2025 revealed an [AGE] year-old male admitted to facility on 9/29/2025 with diagnosis of infection of amputation stump, left lower extremity, acquired absence of other left toes.Record Review of Resident #1s comprehensive care plan dated 09/30/2025 revealed Resident #1 is on intravenous medications related to left wound infection, with interventions flush intravenous site as per doctor orders.During an observation and interview on 10/3/2025 at 5:03 pm Resident # 1 was observed with a normal saline flush on his television stand. He stated the nurse that administered the antibiotic left the normal saline flush on top of the television stand.During an interview on 10/3/2025 at 9:10am with LVN A said no residents should have medications or the normal saline flush at their bedside. She said a resident could take the normal saline, other residents or visitors. She said residents could have an allergic reaction or the normal saline flush could get contaminated.During an interview 10/4/2025 at 2:25 pm with DON said no resident should have medication of any kind at their bedside. He said another resident could go into the room and take the medication. He said Resident #1 could get an adverse reaction.Record Review of facility policy titled Storing and Controlling Medications revealed: It is the policy of this Facility to store medications safely, securely, and properly following manufacturer's recommendations or those of the supplier, and in accordance with federal and state laws and regulations. The medication supply is accessible only to authorized personnel. Ensure maximum safety for residents and wellness personnel.

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

FORM CMS-2567 (02/99)
Previous Versions Obsolete

Event ID:

Facility ID: 455586

If continuation sheet
Page 1 of 1