

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Dayton Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E Lawrence St Dayton, TX 77535	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>30664</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access, for 1 of 1 medication reviewed for security.</p> <p>The facility did not ensure venlafaxine ((Effexor) an antidepressant) was stored securely when it was left unattended at the nursing station.</p> <p>This failure could place residents at risk for harm by misappropriation of property and drug diversion.</p> <p>Findings included:</p> <p>During an observation on 07/10/24 at 07:45 a.m. of the nurses' station indicated two 30 count cards of venlafaxine ((Effexor) an antidepressant) left on the desk and accessible to staff, residents, and visitors.</p> <p>During an interview on 07/10/24 at 07:55 a.m., LVN A indicated she had the cards of venlafaxine out to return to the pharmacy when she got up to leave the nurses' station. She said she meant to put them in the medication room and should not have left the medication at the desk.</p> <p>During an interview on 07/10/24 at 09:00 a.m. the DON indicated medications were not to be left unsecured to where anyone could get them. She said staff, residents, or visitors could walk away with the medication.</p> <p>During an interview on 07/10/24 at 09:20 a.m., the Administrator said medications were not to be left at the nurses' station unattended by the staff as they could be removed by anyone walking by.</p> <p>Record review of a Medication Labeling and Storage policy revised February 2023 indicated Policy Statement: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.</p> <p>Policy Interpretation and Implementation:</p> <p>(continued on next page)</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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Dayton Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E Lawrence St Dayton, TX 77535	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medication Storage:</p> <p>4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others</p>		