

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Desoto Ltc Partners, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 N Hampton Rd Desoto, TX 75115	

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>44786</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access for one of three (Medication Cart #1) medication carts reviewed for pharmacy services.</p> <p>The facility failed to ensure Medication Cart #1 was locked when unattended.</p> <p>This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversion.</p> <p>Findings included:</p> <p>In an observation and interview on 05/15/24 at 9:39 AM, Medication Cart #1 was observed unlocked and unattended in an open, unlocked office in the memory care unit. Two residents and housekeeping staff were observed walking near the open office. Charge Nurse A was in the hallway and walked into the office. Charge Nurse A stated she was the one responsible for the unlocked and unattended medication cart. She stated she did not know she left it unlocked, and Charge Nurse A proceeded to lock the medication cart. Charge Nurse A stated the medication cart should have been locked and the risk was a resident could have gotten into the medication on the cart.</p> <p>In an interview on 05/16/24 at 2:37 PM, DON B stated all staff were trained on locked medication carts and knew medication carts should not be unlocked when unattended. She stated the risk of the unlocked medication cart was someone taking the medications from the medication cart.</p> <p>In an interview on 05/16/24 at 3:16 PM, Administrator C stated the medication cart should not be unlocked and unattended. Administrator C stated the risk of the unlocked medication cart was the memory care residents could wonder to the medication cart and take medication that could be harmful.</p> <p>Record review of the facility's policy dated 09/18, titled, Medication Administration General Guidelines, reflected the following:</p> <p>Policy</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
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>17. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. The cart must be clearly visible to the personnel administering medications when unlocked.</p>