STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455994	A. Building B. Wing	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desoto Nursing & Rehabilitation Center	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)
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. 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. The facility failed to ensure Medication Cart #1 was locked when unattended, in the memory care unit, on 07/15/2025. This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversion. Findings included: In an observation and interview on 07/15/25 at 1:59 AM, Medication Cart #1 was observed unlocked and unattended in an open, unlocked office in the memory care unit. All residents were in their rooms, and CNA A and CNA B were sitting in the hallway of the memory care unit. CNA A stated she was not aware the medication cart was unlocked, did not know how long it was unlocked, and that a staff member from the previous shift must have left the medication cart unlocked. CNA A stated she did not know how to lock the medication cart. In an interview on 07/15/25 at 2:05 AM, the Charge Nurse stated she took new medications to the medication cart earlier that night and must have forgotten to lock the medication cart. She stated the risk of the unlocked medication cart was residents could get the medications off the medication cart. In an interview on 07/15/25 at 5:47 PM, the Administrator stated the staff received an in-service today, on unlocked medication carts, the facility planned to put a lock on the door where the medication cart was kept in memory care, and she stated the risk of the unlocked medication cart was residents could have gotten medication from the medication cart. In an interview on 07/15/25 at 6:05 PM, the DON stated the risk of the unlocked medication cart was the risk of residents getting medications from the medication cart. Record review of the facility's policy dated 03/25, titled, Medication Administration and General Guidelines, reflected the following: 17. When administering PRN medications at times other than the medication pass, the dose may be prepared in the medication cart storage area and taken to the resident's bedside, leaving the cart locked and secured. Checklist for completing proper steps in the administration of medications Adheres to the 6 Rights of Medication Administration:1) Right Dose2) Right Route3) Right Resident4) Right Medication5) Right Time6) Right Documentation Observes the resident take the medications Documents the administration of each medication on the MAR & Controlled Medications on the Control Sheet Documents the administration of PRN Medications including:a) time givenb) reason it was given (symptoms)c) number of tabletsd) effectiveness Returns the medication to locked storage area

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