

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Golfcrest Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6150 S Loop East Houston, TX 77087	
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, interviews and record review the facility failed to ensure all drugs and biologicals were stored in locked compartments for one (Nurse Cart for 200 Hall) of three medication carts reviewed for storage of medications. The Nurse Cart for 200 Hall had a one (1) Liter (L) bottle of Jevity 1.5 calorie, (a prescription liquid nutritional food), left unattended on top of the cart. This failure could place all residents at risk of adverse reactions to medications, drug diversion and spillage. In an observation on 07/14/2026 at 8:15 AM, a 1L bottle of Jevity 1.5 calorie, a prescription liquid nutritional food for administration into gastrostomy tube (a tube placed into the stomach for supplemental feeding) was left unattended by the 200 hall nursing station, where residents have the availability to access the medications cart. In an interview on 07/14/2026 at 8:16 AM, LVN A stated she was only gone for a second, she stated the nutritional supplement should not have been left on the cart unattended. LVN A stated all medications are to be in locked compartments per the facility policy. LVN A stated leaving medications unattended could result in potential resident injury with adverse effects and possible spillage. In an interview on 07/14/2026 at 9:00 AM, the DON stated the nurse in charge of the medication cart should ensure all medications were locked in the medication cart. The DON stated her expectations are that all medications are locked and never left unattended as this is a danger to all residents. The DON stated the possible dangers are adverse effects of taking medication that is not ordered for the resident and spillage. The DON stated it was the nurse's responsibility to maintain all medications in locked medication carts. In an interview on 07/14/2026 at 1:30 PM, the Administrator stated all medications should always be locked. The Administrator stated that all medications are always locked to prevent possible adverse effects of a resident taking a medication that is not prescribed for them and spillage. Record review of the facility policy for Medication Storage, dated February 2023 read in part: .The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.		

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