STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675779	A. Building B. Wing	08/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marine Creek Nursing and Rehabilitation	3600 Angle Ave Fort Worth, TX 76106

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. 46403 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 to the keys for two of three medication carts and one of one respiratory treatment carts reviewed for medication storage The facility failed to ensure two (Medication Cart#1 and Medication Cart#2) facility medication cart and one (RTC) respiratory treatment cart were locked when unattended on 08/14/24. This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversions. Findings included: An observation on 08/14/24 at 5:00 AM revealed the medication cart#1 was unlocked at the nursing station with no staff in view of the medication cart. Observation of medication cart#1 revealed the medication cart was facing outward toward the hallway. Observation of the lock mechanism was popped out and revealed a red indicater. Observation revealed LVN A was at the end of hallway 400. An observation on 08/14/24 at 5:06 AM revealed the medication cart#2 on hallway 100 was unlocked and faced the hallway.Observed the red indicator on the lock mechanism popped out which revealed the medication cart was unlocked. An observation on 08/14/24 at 5:38 AM revealed the Respiratory treatment cart was unlocked on hallway 300. Observed respiratory treatment cart faced outward and staff was not in view of the cart. Observed the red indicator on the lock mechanism popped out which revealed the treatment cart was unlocked. An interview on 08/14/24 at 5:10 AM with LVN B revealed he went into a resident's room to give him medication and did not lock the medication cart#2. LVN B stated there can be a loss of medication and residents could take the medication. An interview on 08/14/24 at 5:15 AM with LVN A stated that residents and visitors could have access to the medication on medication cart#1. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 08/14/24 at 5:25 AM with LVN C stated residents can take medication or someone else could walk off with medications from an unlocked cart. LVN C stated the medication cart had to be locked. An interview on 08/14/24 at 5:35 AM with LVN D stated mobile residents could get into the medication cart and take medications. An interview on 08/14/24 at 5:39 AM with Respiratory Therapist E who stated the treatment cart was supposed to be locked when not in use. An interview on 08/14/24 at 6:45 AM with Respiratory Therapist F who stated the treatment cart should be locked when not being used. Respiratory Therapist F revealed the residents are not at risk because the cart contained breathing treatments, inhaler, mouth wash, and saline. An interview on 08/19/24 at 10:00 AM with DON who stated the medication carts and treatment carts should be locked when not in eyesight view and not being used. Residents could take medications. An interview on 08/19/24 at 10:15 AM with Administrator who stated she expect staff to follow facility policy and procedures for the medication and treatment carts. Record review of facility policy titled, Medication carts, pharmacy policy and procedure manual dated 2003, reflected: 2. The carts are to be locked when not in use or under direct supervision of the designated nurse. 4.carts must be secured