

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675974	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/21/2024
NAME OF PROVIDER OR SUPPLIER  Medina Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  913 Hwy 90 W Castroville, TX 78009	

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>39251</p> <p>Based on observation, interview, and record review the facility failed to ensure, in accordance with state and federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access to the keys for 1 of 4 medication carts (Medication cart #1) reviewed for medication storage.</p> <p>The facility failed to ensure the Medication cart in the public area was locked.</p> <p>This failure could place residents at risk of medication misuse and drug diversion.</p> <p>Findings include:</p> <p>During observation and interview on 9/21/24 at 11:42 am, Medication cart #1 was observed to be unlocked and unattended by the state investigator and RN A. There were no staff at the nurses' station and there were six residents sitting in the public area where the unlocked medication cart was located. RN A said the medication cart was not supposed to be unlocked. RN A further stated it was important the medication carts were locked because otherwise both residents and visitors had access to medications.</p> <p>During an interview on 9/21/24 at 4:26 pm, the DON said she expected medication carts to be locked when unattended, adding this was the facility policy. The DON said it was important to keep medication carts locked because medications were stored in the carts and the residents were at risk for negative outcomes if they got into the medications. The DON further stated there were residents residing in the facility that were mobile and there was a possibility they were able to open the drawers in the medication carts and access the medications inside. The DON said the charge nurse was responsible for ensuring the medication carts were locked when unattended. The DON further stated when the RN supervisor, ADON, and DON conducted rounds they checked to ensure all medication carts were locked.</p> <p>Record review of the facility's policy titled, Medication Storage copyright 2024, revealed: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security a. All drugs and biologicals will be stored in locked compartments .</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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