

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Cimarron Place Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3801 Cimarron Corpus Christi, TX 78414	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were labeled and stored appropriately for 1 of 4 medication carts (300 Hall Nurse Med-Cart) reviewed for labeling and storage. The facility failed to ensure the 300 Hall Nurse Med-Cart was locked and secured, as well as failed to make sure all medications were labeled appropriately. This failure could have placed residents at risk of gaining access to unlocked medications which were not prescribed to them and could have caused them harm. The findings included: An observation on [DATE] at 3:12 PM of the 300 Hall Nurse Med-Cart parked at the nurses' station revealed an unlocked medication cart. The lock on the cart was popped out, and all drawers, except the narcotic drawer, were able to be accessed. There was also an unlabeled and undated tube of Permethrin Cream (a topical cream used to treat Scabies, a contagious skin infestation caused by tiny mites that burrow under the skin) in the med-cart. There were no staff observed at the cart, but there were multiple residents sitting out in the open area close to where the cart was parked. In an interview on [DATE] at 3:48 PM LVN-A stated the 300 Hall Nurse Med-Cart belonged to her, and she had not realized she had not locked the med-cart before walking away. She stated she was only gone a minute to run and grab something. LVN-A stated she knew she was not supposed to leave her med-cart unlocked when she walked away because if left unlocked, residents could have gotten into the med-cart and taken medications which had not belonged to them, which could have caused them harm. She stated she had been in-serviced on this previously, but she could not recall when the in-service was. In an interview on [DATE] at 7:40 PM, the ADON stated it was the nurse's (who was in possession of the med-cart) responsibility to check the cart for any expired or unlabeled medication on each shift. She also stated the nurses know they are supposed to lock their med-carts when they walk away from them so the residents do not get into medications that may harm them. In an interview on [DATE] at 8:15 PM, the DON stated nurses know not to leave their medication carts unlocked because residents could have gained access to the cart and ingested medications which did not belong to them, which could have possibly caused the residents harm. She stated the nurses have been in-serviced previously over locking their medication carts as well as checking their medication carts for expired or unlabeled medications. Record review of the facility's Storage of Medications policy, no date available, revealed 1. Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received. 3. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling. 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676087	Facility ID: 676087