

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Maverick Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3106 Bob Rogers Dr Eagle Pass, TX 78852	

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>Based on observations, interviews, and record reviews the facility failed to ensure all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access, for 1 of 6 medication carts (300-hall medication cart), reviewed for security. LVN B left the 300-hall medication cart unattended and unlocked. This failure could place residents at risk for having their medications uncontrolled. The findings included: During an observation and interview on 9/17/2025 11:28 AM revealed the 300-hall nurse cart was stationed at the end of the 300-hall and was unattended and unlocked. LVN A locked the cart and stated the cart was assigned to LVN B. During an interview on 9/17/2025 at 11:32 AM LVN B stated she had left the 300-hall medication cart unattended and unlocked while she stored a bottle of enteral feeding formula in the facility's resident pantry. LVN B stated she could not visualize the 300-hall medication cart from within the resident pantry. During an interview on 9/17/2025 at 11:45 AM the Administrator and the DON stated the facility's expectations were for all medication carts to be secured and locked when not directly attended and the potential risk for residents was the loss of control of their medications. A record review of the facility's policy dated 2007, titled Security of Medication Cart revealed, Policy Interpretation and Implementation, The nurse must secure the medication cart during the medication pass to prevent unauthorized entry. Medication carts must be securely locked at all times when out of the nurse's view.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Maverick Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3106 Bob Rogers Dr Eagle Pass, TX 78852	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record reviews the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety, for 1 of 1 residents pantry refrigerators reviewed for food safety. The facility stored resident's foods in the Resident's pantry refrigerator without labels and dates to indicate if the foods were safe to serve. These failures could place residents at risk for food borne illnesses. The findings included: During an observation and interview on 9/17/2025 at 11:34 AM revealed the facility's Resident's Pantry room had a refrigerator. The refrigerator presented with signage which read, Resident Food Storage . food should have a name, room number, and a date when placed into storage . refrigerator will be checked daily and disposed of not labeled food . LVN B stated the refrigerator had unlabeled containers of food which included berries, various desserts stored in small foam containers, 1 - 1/2 sandwich, and 1 cookie, which all did not have and labeling to reveal if the foods were safe to serve. During an interview on 9/17/2025 at 11:45 AM the Administrator and the DON stated the facility's expectation was for the resident's pantry refrigerator to be inspected daily by the nursing staff to ensure residents' food had labels and dates to ensure foods were safe to eat. The Administrator stated foods without labels to include dates could be unsafe to serve to residents. The Administrator and the DON stated the potential negative outcome to residents could be food borne illnesses. A record review of the facility's policy dated 2022 titled Food Receiving and Storage revealed, Refrigerated/Frozen Storage, . Foods and Snacks Kept on Nursing Units, All food items to be kept at or below 41 F are placed in the refrigerator located at the nurses' station and labeled with a use by date. 2. All foods belonging to residents are labeled with the resident's name, the item and the use by date. 3. Refrigerators must have working thermometers and are monitored for temperature according to state-specific guidelines. 4. Beverages are dated when opened and discarded after twenty-four (24) hours. 5. Other opened containers are dated and sealed or covered during storage. 6. Partially eaten food is not kept in the refrigerator.</p>		