STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676212	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
College Park Rehabilitation and Care Center	1715 Martin Dr Weatherford, TX 76086

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure drugs and biological used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory cautionary instructions, and the expiration date when applicable for 1 (hall 400 nurse cart) of 4 medication carts reviewed for medication storage.The facility failed to keep each resident's medications in their original containers and stored separately.This failure could place residents at risk of receiving expired and/or improper medications.During an observation onˆ[DATE] at 8:45 AM of the nurse's medication cart for hall 400 revealed, 2 loose pills were found in the bottom of the second drawer of the cart. During an observation and interview on [DATE] at 9:00 AM, LVN-A stated hall 400 nurse cart was her cart for the shift, she checks her cart for loose pills and organizes weekly and had not done it that week. She then removed both loose pills and placed them in the sharps box on the side of the medication cart for destruction. LVN-A stated a negative outcome to loose pills in the cart could be one of the pills falling out of the cart when passing medications and a resident picking it up off the floor and possibly taking it. ˆˆˆˆˆDuring an interview on [DATE] at 10:40 AM with the DON, it was revealed her expectations for medication carts was to be cleaned and organized daily by the nurse or medication aide in charge of the cart. She stated loose medications should not be in the carts; everything medication required a package and label. The DON stated a negative outcome to loose pills in the medication carts could be a resident finding on the floor if it falls out and taking it. During an interview on [DATE] at 10:45 AMˆwith the Administrator, it was revealed his expectations for medication carts were that they are wiped clean daily, medications organized daily, and all medications to have labels. The Administrator stated it was the responsibility of the staff member in charge of the cart to make sure all medications were accounted for and administered correctly. The Administrator stated an adverse outcome for loose medications in the cart could be a resident running out of medications before reordering or the medication falling out of the drawer on to the floor and a resident picking it up and taking it. Record review of the facility's policy titled Storage of Medication (revised [DATE]) stated [in part]Policy Heading The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation 2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. 10. Resident medications are stored separately from each other to prevent the possibility of mixing medications between residents.

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