

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Falcon Lake Nursing Home, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Carla St Zapata, TX 78076	

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 observation, interview, and record review the facility failed to store all drugs and biologicals in locked compartments for 1 of 1 wound care cart and 1 of 2 (400 hall) medication carts reviewed for storage of drugs. The facility failed to ensure LVN A's 400 hall medication cart and the wound care cart located by the nurse station were locked when not in use. This deficient practice could affect residents who have medications on the nurse's medication cart and could result in lost medications, drug diversion, or harm due to accidental ingestion of unprescribed medications. Findings include: During an observation on 01/07/26 at 10:11 AM, revealed a medication cart and the wound care cart by the nurse station was unlocked and unattended. This surveyor was able to open the top drawers, recognizing the medication cart and the wound care cart were unlocked while not in use. Multiple medications in bulk bottles, supplies, and blister packs were easily assessable for removal. One resident was observed sitting in front of the medication cart in a wheelchair approximately one foot away. LVN A came from behind the nurse's station and identified himself as being responsible for the unlocked 400 hall medication cart and the wound care cart. In an interview on 01/07/26 at 10:12 AM, LVN A stated he forgot to the lock the medication and wound care cart when he stepped away for just a moment to get something. LVN A stated it was important to lock the carts to prevent any residents from having access to the medications inside as well as wound care supplies. LVN A stated if a resident were to get into the medications, they could take something they are not supposed to and could get sick. LVN A stated he was a new nurse, but administration was constantly reminding staff to always lock the carts when not in use or when you walk away. In an interview on 01/07/26 at 10:38 AM, the ADON stated all medication and wound care carts should be locked when not in use. The ADON stated if a medication or wound care cart was left unlocked and unattended, anyone who was not authorized to have access to the contents inside, could cause a drug diversion or possible accidental ingestion. The ADON stated staff were constantly reminded to always lock the carts when not in use. In an interview on 01/07/26 at 10:48 AM, the DON stated staff were aware all carts should be locked even when they need to walk away for a moment. The DON stated if the carts were unlocked, residents and anyone who walked by could possibly take medications they should not be taking. Record review of the facility's Storage of Medications policy dated April 2007 reflected: Policy Statement The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerator, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.</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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