

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER San Gabriel Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 College Park Dr Round Rock, TX 78665	

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** 44317</p> <p>Based on observations, interviews, and record review, the facility failed to ensure drugs and biologicals were stored in locked compartments for 1 of 1 treatment carts reviewed for medication storage.</p> <p>The facility failed to ensure the treatment cart was locked while unattended by RN A on 01/22/2025.</p> <p>This failure could place residents at risk of harm due to unauthorized access and potential ingestion of medicated creams, ointments, and other biologicals.</p> <p>Findings included:</p> <p>Observation on 01/22/25 at 10:20 AM revealed a treatment cart unlocked and unattended outside of room [ROOM NUMBER]. The door to room [ROOM NUMBER] was closed.</p> <p>During an observation and interview on 01/22/25 at 10:21 AM, RN A opened the door of room [ROOM NUMBER] and stepped out of the room into the hallway. RN A stated, You caught me with the cart unlocked. She stated all medication and treatment carts were supposed to be locked when unattended. She stated if carts were unlocked, residents or others had access.</p> <p>During an interview on 01/22/25 at 3:37 PM, the ADON stated she expected medication and treatment carts were locked when not in use. She stated residents or unauthorized staff had access to the carts. She stated the creams and cleansers on the treatment cart could be harmful if not used properly.</p> <p>During an interview on 01/22/25 at 3:42 PM, the DON stated she was disappointed when she heard the treatment cart was unlocked, and it did not meet her expectations.</p> <p>Review of the facility policy, Medication Storage, revised 04/17/24, reflected I part, 1. Medications and biological are stored safely, securely and properly following manufacturer's recommendation or those of the supplier. In accordance with State and Federal laws, the facility will store all drugs and biologicals in locked compartments under proper temperatures and other appropriate environmental controls to preserve their integrity. 2. The medication and biological supply is only accessible to licensed nursing personnel, pharmacy personnel or authorized staff members.</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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