

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Corinth Rehabilitation Suites on the Parkway		STREET ADDRESS, CITY, STATE, ZIP CODE 3511 Corinth Parkway Corinth, TX 76208	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident for 1 (Medication Cart Hall 100) of 4 medication carts reviewed for pharmacy services. The facility failed to ensure Licensed Vocational Nurse A counted controlled drugs every change of shift and signed the medication sheet form after the count while she was responsible for the Medication Cart on Hall 100. The failure could place residents at risk of not having the medication available due to possible drug diversion. Findings Included: Record review of the Medication Cart on Hall 100's medication count sheet on 02/26/26 at 10:16 AM revealed missing signatures for shift change counts for Off duty and On duty for 02/03/26, 02/06/26, 02/08/26, and 02/12/26. Interview on 02/26/26 at 2:15 PM, Director of Nursing B stated the staff were trained by a nurse to perform counts at the beginning and end of their shift on the medication cart that they were assigned to during their shift. She stated the person either not signing on or not signing off was not doing a good job at protecting their nursing license if something were to be discovered later. She stated that she would be unable to prove that the staff successfully counted if they did not sign on or sign off on the count sheet. She stated that she expected the nurses to sign the medication count sheet at the beginning and at the end of their shift after they completed count with the incoming and off-going nurse. Interview on 02/26/26 at 2:30 PM, Licensed Vocational Nurse A stated she wished that the medication count sheet was easier to understand and on one line. She stated that she got confused when she must sign on the right side of the sheet when signing onto her shift but then she must go down to the next line and sign on the left side of the sheet when she was signing off from her shift. She stated that she knew that she should have signed the medication sheet after counting the medications on 02/03/26, 02/06/26, 02/08/26, and 02/12/26. She stated that she understood the importance of signing the count sheet because it was proof that she counted with the other nurse. She stated that she did perform the counts as required. She stated she was trained to sign the sheet right after counting. Review of facility policy dated 01/15/25 and titled Medication Management Program reflected the following: The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standards of practice and regulatory requirements. Security and Safety Guidelines: 9. Controlled substances are accounted for each patient/resident on a Controlled Substance Record (obtained from the contract pharmacy). A. Substances are counted by the authorized staff members at each change of shift.		

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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