STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676491	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Ridge Rehab & Nursing Center	401 Swift Street Refugio, TX 78377

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. Based on observation, interview, and record review the facility failed to ensure drugs and biologicals used in the facility were secured and stored in accordance with current accepted professional principles for 1 of 1 treatment carts observed for medication and treatment storage.The facility failed to ensure the treatment cart was locked and secured.This failure could place residents at risk of gaining access to unlocked medications and supplies which could cause them harm.Findings included:During an observation on 05/14/2026 at 9:04 AM revealed an unlocked treatment cart, which contained scissors, multiple creams, multiple liquids, multiple gels, and multiple lotions that could have been harmful if ingested. The treatment cart was parked at the nurse's station with no nurses or other staff around it. There were residents noted to be walking and passing by the unlocked treatment cart located at the nurses' station. The treatment cart lock was popped out, and all drawers were able to be opened and accessed.During an interview on 05/14/2026 at 9:06 AM, the DON stated the facility did not currently have a treatment nurse, and the floor nurses performed their own treatments. She stated there were currently only two floor nurses working today (05/14/2026), but she was not sure which nurse had utilized the treatment cart last, but it should have been locked when not in use so residents could not have accessed anything which could have harmed them. During an interview on 05/14/2026 at 10:51 AM, RN-A stated they did not currently have a treatment nurse in the facility, and the floor nurses did their own treatments. She stated she had not utilized the treatment cart today, and prior to today it had been approximately 2 weeks since she had used it because she had been on vacation. RN-A stated the treatment cart was supposed to be kept locked when not in use because a resident could have accessed the cart and had access to scissors and treatments which could possibly harm them.During an interview on 05/20/2026 at 10:51 AM RN-B stated she had not utilized the treatment cart yet today, so it must have been left unlocked by one of the nightshift nurses. She stated the treatment cart was supposed to remain locked when not in use since it contained scissors and treatments which could have caused a resident harm. Record review of the facility's Medication Storage Policy, dated 2025, revealed Policy: Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. Procedure: 2. Medication rooms, carts, and medication supplies are locked or attended to by persons with authorized access. 8. Potentially harmful substances. are clearly identified and stored in a locked area separate from medications.

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