

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Cimarron Place Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3801 Cimarron Corpus Christi, TX 78414	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>(continued on next page)</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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure the resident's right to be free from misappropriation of resident property for one of four residents (Resident #1) reviewed for drug diversion. The facility failed to prevent the misappropriation of 23 Hydrocodone-Acetaminophen 10 mg tablets from being diverted and sold by LVN A for personal gain to LVN B for LVN B's own personal use. This failure could place residents at risk of misappropriation and not receiving their prescribed pain medication as ordered. Findings included: Record review of Resident #1's face sheet revealed an [AGE] year-old female with an admission date of 05/01/25 for a short-term stay for left hip device dislocation. Her discharge date was 08/09/25. Diagnoses included dislocation of the internal left hip prosthesis (artificial hip joint), presence of a left hip artificial hip joint, falls, muscle wasting and weakness, lack of coordination, need for assistance with personal care, and anxiety. Record review of Resident #1's quarterly MDS report dated 05/05/25 revealed Resident #1 had a BIMS score of 14, indicating minimal cognitive impairment, was independent with eating, required moderate assistance with upper body dressing, personal hygiene, and transfers. She required substantial assistance with oral hygiene, toileting, showering, lower body dressing, footwear, and positioning. Resident #1 was frequently incontinent of bladder and bowel. She received PRN pain medication for frequent pain that did not affect her sleep. She rated her average pain at a 6 on a scale from 0 (for no pain) to 10 (for worst pain). She was receiving an antidepressant and opioid pain medication. Record review of Resident #1's Care Plan dated 05/01/25 indicated the following: Date Initiated: 06/25/2025. She was at risk for pain. The resident will not have an interruption in normal activities due to pain through the review date. Date Initiated: 06/25/2025, the resident will not have discomfort related to side effects of analgesia through the review date. The interventions indicated the resident will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain, identify and record previous pain history and management of that pain and impact on function, and identify previous response to analgesia, including pain relief, side effects, and impact on function. Date Initiated: 06/25/2025: The resident has a surgical incision to the left hip r/t left hip ORIF (Open Reduction/Internal fixation). Date Initiated: 05/01/2025 The surgical wound will heal without complications by review date. The interventions initiated on 05/01/2025 indicated to monitor for signs of infection (redness, warmth, excessive drainage) and report changes to MD. Monitor pain before, during, and after wound care and perform wound care as ordered. Record review of Resident #1's active physician orders dated (started) 05/14/25 revealed Hydrocodone-Acetaminophen Oral Tablet 10-325 MG Give 1 tablet by mouth every 6 hours as needed for pain -Start Date- 05/14/2025 4:45 pm D/C (discontinue) Date-08/09/2025 4:00 pm (Date and time Resident #1 was discharged from the facility). Record review of the packing slip for Resident #1 dated 07/18/25 revealed a card of 60 10mg Norco tablets and a card of 18 10mg Norco tablets were delivered to the facility on [DATE]. Record review of the packing slip for Resident #1 dated 08/08/25 revealed a card of 60 10mg Norco tablets and a card of 18 10mg Norco tablets were delivered to the facility on [DATE]. Record review of Resident #1's individual narcotic count sheet dated 08/09/25 revealed her discharge home with 60 tablets of hydrocodone 10-325 mg. There were no other narcotic count sheets for the Month of August 2025. Record review of the label on Resident #1's individual patient's narcotic record (count sheet) dated 08/09/25 lists 2 of 2, filled 08/07/25. Written on the sheet was Resident #1 discharged home 08/09/25 60 (tablets). Record review of Police Case Report #2508110071 revealed Officer #13841 contacted the ADM at the time by phone on 08/11/25 at 3:05 pm. The ADM stated on 08/07/25 a resident requested a pain pill and they were unable to locate the medication or the count sheet. He stated he was notified on 08/08/25 at 4:30 pm and after an internal investigation, he reported it to the state on 08/09/25. He stated both nurses working that night underwent a drug test, and both nurses tested positive however, only one was taking medication that could account for the positive result. He stated LVN A admitted to stealing the narcotics and LVN B admitted to purchasing the narcotics from LVN A for \$200.00. He stated both nurses have been suspended. No other information. Record review of Resident #1's EHR (electronic health record) indicated she was no longer in the facility, having been discharged home on [DATE]. On 09/30/25 at 10:00 am, 10/01/25 at 3:10 pm, and 10/02/25 at 11:10 am, neither Resident #1 nor her RP responded to multiple attempts for interview via phone messages and email throughout the investigation. Record review of intake # 1029167 had a note that indicated tulin history identified a potential</p>		