STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure residents or the resident's representative had the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option they preferred for 1 of 20 (Resident #37) residents reviewed for antipsychotic consents. The facility failed to ensure Resident #37 or her representative signed a consent for antianxiety medication lorazepam prior to administering the medication to Resident #37. This failure could affect residents who received psychoactive drugs by placing them at risk of not being informed of their medications risks and benefits to make informed decisions regarding their care.Findings included:Record review of Resident #37's electronic face sheet dated 01/21/2026 reflected she was a [AGE] year-old female admitted on [DATE] and readmitted on [DATE] with diagnoses including neurocognitive disorder with Lewy bodies (a progressive brain disease characterized by abnormal protein clumps that disrupt brain function leading to a combination of severe fluctuating cognitive decline and visual hallucinations) and generalized anxiety disorder. Further review of the face sheet reflected she had a POA.Record review of Resident #37's significant change MDS dated [DATE] reflected no BIMS score implementing cognition. Further review of the MDS reflected she had physical (hitting and kicking), verbal (screaming at others, cursing at others, or threatening others), and other (hitting self, pacing, rummaging, or disruptive sounds) behavioral symptoms. Record review of Resident #37's care plan dated 1/12/2026 reflected Resident #37 had antianxiety medication used related to anxiety disorder. One of the interventions was to educate the resident and their family about risks, benefits, and the side effects of antianxiety medication drug being given. Another intervention was to give antianxiety medication lorazepam and monitor for side effects such as drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion, depression, dizziness, lightheadedness, impaired thinking, memory loss, forgetfulness, nausea, upset stomach, and blurred vision. Record review of physician order dated 1/10/2026 reflected lorazepam intensol oral concentrate 2mg/ml give 0.5ml by mouth every 2 hours as needed for anxiety; restlessness created by RN A.Record review of Resident #37's MAR dated January 2026 reflected Resident #37 received lorazepam twice on 1/13/2026, three times on 1/14/2026, once on 1/19/2026, twice on 1/20/2026, and twice on 1/21/2026.Record review of Resident #37's electronic medical chart on 1/21/2026 reflected no evidence Resident #37 or her representative had consented to lorazepam.During an interview on 1/21/2026 at 10:05 a.m., Resident #37's POA stated she was notified of the medication by the hospice staff and did not remember the facility staff telling her about any side effects of the medication but knew it would make Resident #37 drowsy since lorazepam was for anxiety.During an interview on 1/22/2026 at 9:10 a.m., the DON stated she expected for the charge nurse to get a consent for lorazepam when they put the order into the electronic medical record. She stated Resident #37's lorazepam order was put into the electronic medical (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	record by RN A (a night shift nurse) and she did not know why the consent would not have been obtained. She stated consents would have been kept in the electronic medical record under the documents tab. She stated the MR uploaded paper documents into the electronic medical record and those documents would be stored in a wired basket behind the nurses' station if they were waiting for MR to upload them. She verified Resident #37's lorazepam's consent was not in the wired basket. She stated consents would let residents and families know of the side effects of the medication and should be obtained prior to antianxiety medication being administered to a resident.During an interview on 1/22/2026 at 9:26 a.m., LVN B stated the nurses were responsible for obtaining medication consent for psychoactive medications. She stated the nurses got the consent when they took the order for the medication that required a consent and had a paper under the computer monitors at the nurses' station of what medications needed consents. She stated lorazepam would have needed to have a consent prior to it being administered. She stated after the consent was filled out, the process would have been to get a physical signature on the form or a verbal consent from the resident or their POA. She stated the consent should have been uploaded into the electronic medical record by the MR. She stated she was unaware that there was no consent for Resident #37's lorazepam.During an interview on 1/22/2026 at 9:55 a.m., the MR stated she did not have any paperwork for Resident #37 that was waiting to be uploaded into her chart.During a telephone interview on 01/22/2026 at 10:30 a.m., RN A stated she had received the order for the lorazepam from the hospice nurse and entered the order into Resident #37's electronic record. She stated she specifically remembered telling the hospice nurse that the hospice nurse had to talk to the family about the medication due to it was in the middle of the night. She stated she also knew that Resident #37's family was particular about Resident #37's care. She stated she began the consent paperwork for the day shift nurse to get the paperwork signed and did not know where that paper would be now if it was not in the electronic medical record. She stated medication consent should have been gotten before the nurse gave the medication. She stated if hospice got the consent, the facility still should have it on file. She stated it was the responsibility of the nurse who was going to give the medication to make sure the consent had been obtained. Record review of facility's posted Residents' Rights posting on 1/22/2026 at 9:49 a.m. reflected Participation in your care You have a right to: .Refuse treatment, care or services. Receive information about prescribed psychoactive medication from the person who prescribes the medication or that person's designee; have any psychoactive medications prescribed and administered in a responsible manner as mandated by the Texas Health and Safety Code, S242.505; and refuse to consent to the prescription of psychoactive medications.Record review of facility policy titled Care and Treatment Psychotropic Drug Use dated August 2017 reflected On admission, the admitting nurses will review the transfer orders for any psychotropic medications. All effort will be made by the Licensed Nurses to obtain as much history regarding these medications, including prior informed consents, from the previous facility or through resident or resident representative interview. Any information obtained will be documented in the resident's clinical record.Upon change of condition or initiation of a new order for psychoactive medications, the Licensed Nurses shall complete the Verification of Informed Consent form prior to the initiation of the new medication.Review of drugs.com accessed on 01/22/2026 at https://www. https://www.drugs.com/lorazepam.html, reflected lorazepam .Drug class: Benzodiazepines .Lorazepam belongs to a class of medications called benzodiazepines. It is thought that benzodiazepines work by enhancing the activity of certain neurotransmitters in the brain. Lorazepam is used in adults and children at least [AGE] years old to treat anxiety disorders. Warnings Lorazepam can slow or stop your breathing, especially if you have recently used an opioid medication, alcohol, or other drugs that can slow (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	your breathing. These effects can be fatal. MISUSE CAN CAUSE ADDICTION, OVERDOSE, OR DEATH. Keep this medicine where others cannot get to it. Lorazepam may be habit-forming and should be used only by the person it was prescribed for. This medicine should never be shared with another person, especially someone who has a history of drug abuse or addiction. Do not stop using lorazepam without asking your doctor. You may have life-threatening withdrawal symptoms if you stop using the medicine suddenly after long-term use. Some withdrawal symptoms may last up to 12 months or longer. Get medical help right away if you stop using lorazepam and have symptoms such as: unusual muscle movements, being more active or talkative, sudden and severe changes in mood or behavior, confusion, hallucinations, seizures, or thoughts about suicide.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review, the facility failed to post in a place readily accessible to residents, and family members and legal representative of residents, the results of the most recent surveys and investigations of the facility including any plans of correction, without identifying information about complainants or residents, for 1 of 1 facility reviewed for resident rights. The facility failed to ensure the investigations that occurred on 1/26/2025, 3/07/2025, 5/25/2025, 8/01/2025, 10/16/2025, 11/07/2025, and 1/15/2026 with plans of correction were posted for residents, family members, and visitors to review without identifying information about complainants or residents. This failure could place residents and the residents' family members or representatives at risk for violation of the right to review the facility's survey and investigation findings without asking the facility to review the reports. Findings included:During an observation on 1/22/2026 at 11:27 a.m., the last survey results dated 10/29/2024 were in a bin labeled survey binder at the beginning of the first hall to the right of the nurses' station. There was a sign above the bin informing the public of the binder's location. Review of the survey results binder reflected no results for investigations performed after the last standard survey dated 10/29/2024. During an interview on 1/22/2026 at 12:58 p.m., the ADMN stated he was responsible for updating the survey binder with the most recent survey results. He stated he was unaware the investigations needed to be in the survey binder as well as the standard survey results with plan of corrections. He verified the last standard recertification survey dated 10/29/2024 was the last results placed in the survey binder. He stated he had never been asked for the investigation findings for the investigations performed on 1/26/2025, 3/07/2025, 5/25/2025, 8/01/2025, 10/16/2025, 11/07/2025, and 1/15/2026 in the binder. The ADMN stated he would have provided those results if he had been asked for them. He stated the survey binder was monitored by other ADMNs from sister facilities during the mock surveys. He did not provide the last time the mock survey had been performed but did state that no one had every told him that the investigation survey findings needed to be in the binder. He stated he did not know if the facility had a policy on the survey binder results. He stated he expected the regulations to be followed.During exit conference on 1/22/2026 at 2:40 p.m., no policy was provided on the survey results posting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that the residents were free from chemical restraints not required to treat the residents' medical symptoms for 3 (Resident #55, Resident #78, and Resident #87) of 20 residents reviewed for unnecessary medications. The facility failed to ensure Resident #55's PRN Lorazepam (medicine used to treat the symptoms of anxiety) was discontinued after 14 days or a documented rational for the continued provision of the medication. The facility failed to ensure Resident #78's PRN Lorazepam discontinued after 14 days or a documented rational for the continued provision of the medication. The facility failed to ensure Resident #87's PRN Lorazepam was discontinued after 14 days or a documented rational for the continued provision of the medication. These failures placed residents at risk for psychotropic medication side effects, adverse consequences, decreased quality of life and dependence on unnecessary medications.Findings included:Resident #55Review of Resident #55's electronic face sheet, accessed on 01/20/2026, revealed resident was a [AGE] year-old female who was admitted on [DATE] with diagnoses that included: Anxiety, Dementia, and respiratory failure. Review of Resident #55's Discharge MDS assessment dated [DATE] revealed: Section C- Cognitive Patterns no BIMS score recorded. Review of Section N: Medications revealed Resident #55 was not receiving anti-anxiety medications.Review of Resident #55's electronic physician orders revealed: Lorazepam Oral Tablet 0.5 MG give 1 tablet by mouth every 3 hours as needed for anxiety/restlessness, with a start date of 10/17/2025 and no end date.Review of Resident #55's physician progress notes from November 2025- January 2026 revealed no documented rationale for the continued provision of lorazepam or risperidone.Review of Resident #55's electronic MAR for December 2025 revealed one dose of Lorazepam was administered on 12/14/2025.Review of Resident #55's electronic MAR for January 2026 revealed one dose of Lorazepam was administered on 01/08/2026.Observation on 01/20/2026 1:00 pm revealed, Resident #55 was lying in bed with her eyes closed. Record review of Drugs.com for Lorazepam accessed on 01/07/2026 at https://www.drugs.com/lorazepam.html revealed: Lorazepam is used in adults and children at least [AGE] years old to treat anxiety disorders.Resident #78Review of Resident #78's electronic face sheet, accessed 01/22/2026, revealed resident was a [AGE] year-old female who was admitted on [DATE] and readmitted on [DATE] with diagnoses that included: Alzheimer's Disease, Cognitive Communication Deficit, and Depression.Review of Resident #78's Quarterly MDS assessment dated [DATE] revealed: Section C- Cognitive Patterns no BIMS score recorded. Review of Section N: Medications revealed Resident #78 was not receiving anti-anxiety medications.Review of Resident #78's electronic physician orders revealed: Lorazepam Oral Tablet 0.5 MG give 1 tablet by mouth every 3 hours as needed for anxiety, with a start date of 07/04/2024 and no end date.Review of Resident #78's physician progress notes from November 2025- January 2026 revealed no documented rationale for the continued provision of lorazepam.Review of Resident #78's electronic MAR for December 2025 revealed no doses of Lorazepam had been administered.Review of Resident #78's electronic MAR for January 2026 revealed no doses of Lorazepam had been administered. Observation on 01/21/2026 at 2:56 PM revealed, Resident #78 was resting in bed with eyes closed. Unable to answer questions.Resident # 87Review of Resident #87's electronic face sheet, accessed on 01/22/2026, revealed resident was a [AGE] year-old male who was admitted on [DATE] with diagnoses that included: Dementia, Anxiety, and cerebral infarction.Review of Resident #87's Quarterly MDS assessment dated [DATE] revealed: Section C- Cognitive Patterns no BIMS score recorded. Review of Section N: Medications revealed Resident #50 was not receiving anti-anxiety medications.Review of Resident #87's electronic physician orders revealed: Lorazepam Oral Tablet 0.5 MG give 1 tablet by mouth every 2 hours as (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	needed for anxiety/agitation/restlessness and Lorazepam Oral Tablet 0.5 MG give 2 tablets by mouth every 2 hours as needed for anxiety/agitation/restlessness, with a start date of 10/08/2025 and no end date.Review of Resident #87's physician progress notes from November 2025- January 2026 revealed no documented rationale for the continued provision of lorazepam.Review of Resident #87's electronic MAR for December 2025 revealed no doses of Lorazepam had been administered.Review of Resident #87's electronic MAR for January 2026 revealed no doses of Lorazepam had been administered.Observation on 01/20/2026 at 10:15 AM revealed, Resident #87 was up in electronic wheelchair. During an interview on 01/22/2026 at 12:03 PM, the DON stated that antianxiety medication, or any psych medications should not have been scheduled as PRN for more than 14 days. She stated that she did not know how this was missed and that it was her responsibility to check all new orders daily. She did not provide reasoning to why this was missed. She stated the only possible negative outcome would be that a resident could have been overmedicated unnecessarily. Review of document titled, Psychotropic Drug Use, revised 08/2017 revealed in part: .3. PRN orders for psychotropic drugs are limited to 14 days. Except for orders for PRN orders for anit-psychotic medications, if the attending physician believes that it is appropriate for the PRN psychotropic med order to be extended beyond 14 days, he or she should document their rational in the resident's medical record and indicate the duration for the PRN order; 4. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician evaluates the resident for the appropriateness of that medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder and bowel received appropriate treatment and services to prevent urinary tract infections for 1 of 2 residents (Resident #76) reviewed for incontinent care.The facility failed to ensure CNA-C and CNA-D provided proper incontinent care to Resident #76 by not cleaning his penis or genital area when performing a brief change.This failure could place residents at-risk for infection and skin breakdown due to improper care practices.Findings Included:Review of Resident #76's electronic face sheet, accessed 01/22/26, revealed a [AGE] year-old male resident admitted to the facility on [DATE] with diagnoses including surgery on the urinary system, obstructive and reflux uropathy (blockage in the urinary tract), and calculus of ureter (stones in the ureter (tube that transports urine from the kidney to the bladder).Record review of Resident #76's admission MDS assessment, dated 12/29/25, revealed a BIMS score of 10 which indicated moderately impaired cognition. Section H revealed the resident was always incontinent of bladder and frequently incontinent of bowel. Record review of Resident #76's care plan, revised 01/13/25, revealed: Resident has bowel/bladder incontinence related to Alzheimer's. Interventions: Wash, rinse and dry perineum.During an observation for incontinent care of Resident #76 with CNA's C & D on 01/20/2026 at 2:14 PM, CNA-C sanitized her hands and donned gloves. CNA-C removed Resident #76's soiled brief and dropped it to the floor. CNA-C wiped the resident's entire buttocks multiple times with the same wipe. CNA-C stepped away to get new gloves. CNA-D sanitized her hands and donned gloves and applied a clean brief on the resident. No peri-care or cleansing of the penis was performed during this observation. During a joint interview on 01/20/26 at 2:30 p.m. CNA-C and CNA-D stated they had not realized that they were performing peri-care. They stated they knew how to properly clean the penis, but they were just changing his wet brief and that the penis was usually cleaned during his shower. They stated they did not see any risk or negative outcomes to not cleaning Resident #76's penis or peri-area. During an interview on 01/22/2026 at 11:51 a.m., The DON stated the penis and peri-area must be cleaned every time incontinent care was performed. She stated not providing proper incontinent care could have led to urinary tract infections. She stated she was responsible for ensuring that CNAs were trained properly. The DON did not provide an explanation on when staff were trained and how staff were trained. Record review of the facility's policy titled Perineal Care, not dated, revealed in part: It is the policy of this facility to: 1. Cleanse perineum 2. Eliminate odor 3. Prevent irritation or infection.Procedures.The basic infection control-concept for peri-care is to wash from the cleanest area to the dirtiest area. Rinse cloth and proceed with cleansing of the anal area.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 observations, interviews, and record review the facility failed to dispose of mediations that were expired in accordance with professional standards for 1 of 3 medication carts (medication cart for Hall 200/300) reviewed for pharmacy services. The facility failed to ensure Resident #15's Nitroglycerin (medication used to treat chest pain) was not expired and was on the medication cart for Hall 200/300. The facility failed to ensure Resident #33's Ondansetron (medication used to treat nausea) was not expired and was on the medication cart for Hall 200/300. These failures could affect residents prescribed medications in the facility and place them at risk for not receiving the correct medications, medication misuse, or receiving expired medications.Findings Included: During an observation on 01/20/2026 at 11:15 am, the medication cart for Hall 200/300 contained Novolin 70/30 Flex pen with an open date for Resident #2, Lantus Flex pen with an open date for Resident #69, a bottle of Nitroglycerin with an expired date of 12/22/2025 for Resident #15, and a box of Ondansetron with an expired date of 12/07/2025. During an interview on 01/20/2026 at 11:30 am, RN-E stated all medications in multiuse vials should have been dated when opened. He stated it was the nurse's responsibility to date the medication when it is opened and to check the date prior to administering the medication. He stated that all expired medications should be removed from the cart, and the cart should be checked routinely for expired medications. He stated not putting the open date could lead to residents receiving expired medications. During an interview on 01/22/2026 at 12:03 PM, the DON stated that all multi use vials should have been dated when opened. She stated this should have been done by the nurse who opened the medication and should be checked each time the medication was administered. She stated that expired medications should be removed from the cart immediately. She stated not dating the medication could lead to the resident receiving expired medications. She stated the pharmacy did random medication cart checks but ultimately it was the nurse's responsibility to ensure all medications that require dating were dated. The DON stated the facility did not have a policy referring to the dating of insulin or other multiuse dose medications. Review of facility policy titled, Medication Access and Storage, revised 05/2017, revealed in part: .outdated, contaminated, or deteriorated medications.are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 - Some	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 observations, interviews, and record review the facility failed to ensure that all drugs and biologicals used in the facility were labeled and stored in accordance with professional standards for 1 of 3 medication carts (medication cart for Hall 200/300) reviewed for pharmacy services. The facility failed to ensure Resident #2's Novolin 70/30 Flex pen (insulin- medication used to treat diabetes) was labeled with an open date on the medication cart for Hall 200/300. The facility failed to ensure Resident #69's Lantus Flex pen (insulin- medication used to treat diabetes) was labeled with an open date on the medication cart for Hall 200/300. These failures could affect residents prescribed medications in the facility and place them at risk for not receiving the correct medications, medication misuse, or receiving expired medications.Findings Included: During an observation on 01/20/2026 at 11:15 am, the medication cart for Hall 200/300 contained Novolin 70/30 Flex pen with an open date for Resident #2, Lantus Flex pen with an open date for Resident #69, a bottle of Nitroglycerin with an expired date of 12/22/2025 for Resident #15, and a box of Ondansetron with an expired date of 12/07/2025. During an interview on 01/20/2026 at 11:30 am, RN-E stated all medications in multiuse vials should have been dated when opened. He stated it was the nurse's responsibility to date the medication when it is opened and to check the date prior to administering the medication. He stated that all expired medications should be removed from the cart, and the cart should be checked routinely for expired medications. He stated not putting the open date could lead to residents receiving expired medications. During an interview on 01/22/2026 at 12:03 PM, the DON stated that all multi use vials should have been dated when opened. She stated this should have been done by the nurse who opened the medication and should be checked each time the medication was administered. She stated that expired medications should be removed from the cart immediately. She stated not dating the medication could lead to the resident receiving expired medications. She stated the pharmacy did random medication cart checks but ultimately it was the nurse's responsibility to ensure all medications that require dating were dated. The DON stated the facility did not have a policy referring to the dating of insulin or other multiuse dose medications. Review of facility policy titled, Medication Access and Storage, revised 05/2017, revealed in part: .outdated, contaminated, or deteriorated medications.are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to collaborate with hospice representatives and coordinate the hospice care planning process for each resident receiving hospice services, to ensure quality of care for the resident, ensuring communication with the hospice medical director, the resident's attending physician and others participating in the provision of care for 1 of 20 (Resident #37) residents reviewed for hospice services. The facility failed to make sure that information on hospice care, that included the Texas Medicaid Hospice Recipient Election/Cancellation form, was included in Resident #37's current clinical record. The facility failed to make sure that information on hospice care, that included the Physician Certification of Terminal Illness form, was included in Resident #37's current clinical record. The facility failed to make sure that information on hospice care, that included current interdisciplinary notes, was included in Resident #37's current clinical record. The facility failed to ensure a staff member was designated to communicate with hospice agencies.These failures could place the residents who receive hospice services at-risk of receiving inadequate end-of-life care due to a lack of documentation, coordination of care, and communication of resident needs. Findings includedRecord review of Resident #37's electronic face sheet dated 01/21/2026 reflected she was a [AGE] year-old female admitted on [DATE] and readmitted on [DATE] with diagnoses including neurocognitive disorder with Lewy bodies (a progressive brain disease characterized by abnormal protein clumps that disrupt brain function leading to a combination of severe fluctuating cognitive decline and visual hallucinations). Further review of the face sheet reflected she had a POA.Record review of Resident #37's significant change MDS dated [DATE] reflected no BIMS score implementing cognition. Further review of the MDS reflected she had a condition or chronic disease that may result in a life expectancy of less than six months. Record review of Resident #37's care plan dated 1/08/2026 reflected Resident #37 had a terminal prognosis related to neurocognitive disorder with Lewy bodies and was on hospice services. Interventions to the terminal prognosis included: Facility responsibilities: Provide ADL assistance at the same level as other residents in the facility. Communicate with the agency if there is any concern with frequency of assigned visits.[hospice agency] is available to communicate with an educate the facility 24 hours a day/7days a week.[hospice agency] holds care plan meeting on Tuesdays unless otherwise scheduled. Hospice RN will coordinate reviews and IDT notes and will discuss changes in the patient POC with the facility staff. Hospice skilled nurse to visit 1-3x/wk- designee. Hospice Aide to visit 1-3x/wk- C.N.A. assigned- designee. Hospice Social Worker to visit 1-2x/month- or designee. Hospice Chaplain to visit 1-2x/month- or designee. Hospice Physician to visit PRN- [hospice physician].Hospice Volunteer to visit 1-7x/month.Hospice responsibilities: Hospice IDT will communicate with patient/family/facility medical director, patients attending, and other physicians as needed to coordinate hospice care.Provide copy of revocation form.Record review of physician order dated 1/08/2026 reflected an order to admit to hospice care.Record review of Resident #37's electronic chart on 1/21/2026 reflected no evidence that the facility had obtained Texas Medicaid Hospice Recipient Election/Cancellation form, Physician Certification of Terminal Illness form, current interdisciplinary notes, or evidence of communication between the facility and the hospice provider for Resident #37.During an observation on 1/21/2026 at 9:05 a.m., the hospice binder located behind the nurses' station reflected an OOH-DNR form for Resident #37. No other hospice documentation was in the binder for Resident #37. During an interview on 1/21/2026 at 10:05 a.m., Resident #37's POA stated she had been present at the facility since last night when she was notified by the hospice nurse that Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd Abilene, TX 79603

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#37 had a change in condition. Resident #37's POA stated the hospice nurse had been present that morning and the hospice nurse went to talk to the nursing facility staff about medication administration earlier that morning. She stated the hospice staff had participated in the last care plan meeting the facility had and she was present during that care plan meeting as well. She stated the hospice nurse was at the facility frequently. She did not voice any concerns about the hospice care.During an interview on 01/22/2026 at 9:09 a.m., the DON stated she could call the hospice company as needed. She stated the hospice binders were left behind the nurses' station. She found the binder for Resident #37 and there was no CTI, no care plan, no election form, and no communication forms found in the binder. She stated that the hospice was at the facility every day for Resident #37. She stated she would call the hospice company to get those items and stated sometimes the MR will upload the documents into the electronic medical record. She stated the charge nurses could communicate with the hospice providers but did not reveal a designated person that communicated with the hospice company.During an interview on 01/22/2026 at 9:55 a.m., the MR stated she did not have any paperwork that had not been uploaded into Resident #37's chart. She stated she could reach out to the hospice company to get the paperwork if needed. During an observation on 1/22/2026 at 11:26 a.m., there was a posting displayed on the first hallway to the right of the nurses' station naming the former ADON as the hospice coordinator.During an interview on 1/22/2026 at 1:16 p.m., the HR director stated the former ADON's last day was 11/7/2025. The DON was present during the interview, and she did not have a response as to who the hospice coordinator was since the former ADON's last day.Record review of contract between the facility and the hospice agency with no date reflected no evidence of a designated hospice coordinator. Further review of the contract reflected 7. Documentation. [hospice agency] personnel will document [hospice agency] services that are furnished in accordance with this agreement. To the extent allowed by law, [hospice agency] agrees to make available to the LTCF the [hospice agency] patient's consent to hospice care and all other pertinent forms, including those listed below: A. Texas Medicaid Hospice Recipient Election/Cancellation form; B. Texas Medicaid Hospice-LTCF Assessment form; C. Physician Certification of Terminal Illness form; D. Medicare Election Statement, if dually eligible; E. [hospice agency] interdisciplinary assessments; F. [hospice agency] Plan of Care; G. Current interdisciplinary notes, which include the following: Nurses' notes and summaries, physician orders and progress notes, and medication and treatment sheets during the hospice certification period.Review of facility's policy titled, End of Life Care; Hospice and/or Palliative Care, revised on January 2022, reflected no designated person for collaboration with hospice representatives, no evidence on how the facility will coordinate the hospice care planning process for each resident receiving hospice services, or no evidence on how the facility will ensure quality of care for the resident, ensuring communication with the hospice medical director, the resident's attending physician and others participating in the provision of care.