

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen reviewed for food and nutrition services.1.The facility failed to ensure items were dated in the freezer and dry storage. 2.The facility failed to ensure staff properly wore beard restraints.3.The facility failed to ensure staff sanitized the thermometer before taking food temperatures for the lunch meal on 07/15/2026.These failures could place residents at risk of cross contamination and foodborne illness.Findings include:Observation on 07/14/2026 at 9:06 AM, in the freezer, revealed an open and undated carton of ice cream. In the dry storage area was a package of spaghetti which was opened and in a resealable bag was undated.Observation on 07/15/26 at 11:53 AM, while [NAME] E was setting up food items on the steam table, the beard restraint was not covering all facial hair. [NAME] E had a mustache and the beard restraint was below the mouth not covering the mustache.Interview on 07/14/2026 at 9:15 AM, the Dietary Manager stated her expectation was for items should be dated and said staff probably forgot. She said it was the responsibility of whoever used the item, so if the cook made spaghetti, they should have dated it. She said if items were not labeled and dated residents could receive something outdated. She said staff dated items so they knew when the expiration date was and when to discard that item. Observation and interview on 07/15/26 at 11:53 AM, revealed [NAME] E took the temperature of stuffed peppers and did not sanitize the thermometer before use. He said he was supposed to so it would kill bacteria and said he did not sanitize it. [NAME] E said he had been trained to sanitize the thermometer before taking each temperature. Interview on 07/15/26 at 11:53 AM, the Dietary Manager stated she trained staff to sanitize the thermometer before use and between each temp. She said if not, the risk to residents was food borne illness. Interview on 07/15/26 at 12:25 PM, [NAME] E stated the beard restraint should cover all facial hair to keep hair follicles from getting in the food. Interview on 07/15/26 at 1:49 PM, the Dietary Manager stated her expectation was that all hair was covered when staff were wearing hair restraints to prevent hair from falling in foods. Record review of the U.S. FDA Food Code 2022 reflected: Section 3-501.17 Commercially processed foodOpen and hold cold. refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1;.(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.Section 2-402.11 Effectiveness.FOOD EMPLOYEES shall wear (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. Section 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A) Equipment food-contact surfaces and utensils shall be cleaned: (4) Before using or storing a FOOD TEMPERATURE MEASURING DEVICE; P and (5) At any time during the operation when contamination may have occurred.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 1 kitchen reviewed for pest control. The facility failed to ensure the kitchen was free from flies. This failure could place residents at risk for the potential spread of infection, cross-contamination, and decreased quality of life. Findings include: Observation on 07/15/26 from 11:45 AM to 12:38 PM, in the kitchen near the steam table, revealed flies in the kitchen, landing on the bottom of upside down stacked plates, and near food items on the counter multiple times. Food items and utensils were on the counter were covered with plastic wrap. Interview on 07/15/26 at 11:45 AM, [NAME] E said he saw the flies on the counter. He stated normally when he saw them, he would kill them. He said he did not know where they came from but noticed them more in the last two weeks. He said the risk to residents was they could get sick from bacteria if flies touched the food. Interview on 07/15/26 at 11:53 AM, the Dietary Manager stated she saw one or two flies but not like this. She said she did not know if the door that went straight outside was left open or if they came in from the door in the dining room. She said the risk was flies could transfer illness to residents. She stated they kept all food products covered, plates inverted and utensils wrapped up. The Dietary Manager said if staff saw any pests, she expected them to contact Maintenance so he could contact pest control. Interview on 07/16/26 at 3:29 PM, the Administrator stated for pest sightings his expectation for staff was to report to Maintenance or himself and they would call pest control. He said pests in the kitchen could contaminate the food or utensils used. He said the pest control vendor had been contacted for the flies. Record review of pest sighting log for June and July 2026 revealed no entries for the kitchen. Record review of the facility's, undated Pest Control policy reflected: It is the policy of this facility to utilize pesticides and rodenticides in a safe and efficient manner to control pests with the least amount of contamination to the environment. Facility staff will: 1. Report any pest sightings. 4. Report insect or pest sightings to the housekeeping/maintenance supervisor immediately. Include the following information: a. Type of problem b. Location c. Person reporting and time reported. 1. All storage and food preparation areas are to be kept clean. This includes walls, floors, shelving, cabinet tops, sinks, equipment, etc.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood and also failed to send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman for 1 of 3 (Resident #92) reviewed for transfer/discharge. The facility failed to notify Resident #92 and/or her representative in writing when the resident was transferred to the hospital on [DATE]. The facility also failed to send a notice to the Ombudsman. This failure could place residents at risk of not knowing their rights at the time of the transfer/discharge. Findings included:Review of Resident #92's discharge MDS, dated [DATE], reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included diabetes (condition where your blood sugar levels are too high), fracture of the lower femur (break in the thighbone), chronic pain syndrome, and heart disease. The MDS further reflected the resident required supervision/set up for most ADLs. Review of Resident #92's care plan, revised on 05/12/26, reflected the resident had ADL self-care performance deficit related to need for assistance with ADLs, and pain due to left femur fracture and chronic lower back pain. Interventions included using 1 staff member with transfers. Review of Resident #92's progress notes, dated 05/29/26, reflected the resident insisted in being transferred to the ER. The progress notes also reflected the ER physician, and family members were notified. Interview on 07/16/26 at 4:03 PM with Resident #92's family revealed they or the resident never received anything in writing about the resident's discharge at the time the resident left or after she had been transferred to the hospital. Interview on 07/16/26 at 4:15 PM with the DON revealed they were not aware they had to send information in writing with Resident #92 or their representative because they were expecting the resident to return from the hospital. The DON said Resident #92 and their representative were only notified verbally of the transfer. The DON further stated she was also not aware they were supposed to send a notice to the Ombudsman when resident was transferred to the hospital and only thought those notices were sent if a resident discharged from the facility without an expected return. Attempts to contact the Ombudsman on 07/16/26 at 4:30 PM were unsuccessful. Review of the facility's policy titled Admission/Transfer/Discharge, revised on 04/2025, reflected the following: .Prior to transfer or discharge, the Facility shall notify the resident and the resident's representative of the transfer or discharge and the reason for the transfer or discharge in writing in a language and manner they understand. a.The facility shall send a copy of the notice to the State Long-Term Care Ombudsman.c. The notice shall include the following: The reason for transfer or discharge; The effective date of transfer or discharge; The location to which the resident is transferred or discharged ; A statement of the resident's appeal rights, including the name, address (mailing and email), and entity which receives the requests; Information on how to obtain an appeal form and assistance in completing and submitting the hearing request; Name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide pharmaceutical services (including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals; and establishes a system of records of receipt and disposition all controlled drugs in sufficient detail to enable an accurate reconciliation) to meet the needs of each resident for 1 of 3 medication carts (200 Hallway cart) reviewed for pharmacy services. The facility failed to ensure the 200 Hallway medication aide cart had accurate narcotic counts for Residents #63 and #72. This failure could place residents at risk for medication errors, drug diversion, and delay in medication administration. Findings include: 1. Record review of Resident #63's face sheet, dated 07/16/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #63's Quarterly MDS, dated [DATE], revealed he had the following diagnoses: Non-Alzheimer's Dementia (cognitive decline caused by conditions other than Alzheimer's Disease), right knee Osteoarthritis (degenerative joint disease where the protective cartilage that cushions the ends of bones gradually wears down), and Cognitive Communication Deficit (difficulty communicating effectively due to brain processing). Resident #63 BIMS score was 15, which indicated he was cognitively intact. The MDS further revealed Resident #63 received pain medication. Record review of Resident #63's care plan, revised on 07/10/26, revealed he has acute/chronic pain due to osteoarthritis with an intervention to administer pain medication per orders. Record review of Resident #63's physician orders, dated 07/16/26, revealed an order for Tramadol 50 mg (medication used to treat moderate to severe pain) two times a day for pain. Record review of Resident #63' July 2026 MAR, dated 07/16/26, revealed Tramadol had been administered on 07/15/26 at 7:00 AM by MA A. 2. Record review of Resident #72's face sheet, dated 07/16/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #72's Quarterly MDS, dated [DATE], revealed the following diagnoses: Non-Alzheimer's Dementia (cognitive decline caused by conditions other than Alzheimer's Disease) and Anxiety Disorder (mental health condition characterized by persistent and uncontrollable fear or worry). Resident #72's BIMS score was 3, which indicated severe cognitive impairment. Record review of Resident #72's care plan, revised on 07/02/26, revealed she used anti-anxiety medication due to her anxiety disorder. Record review of Resident #72's physician orders, dated 07/16/26, revealed an order for Clonazepam 0.5 mg (medication used for anxiety or panic disorders) two times a day. Record review of Resident #72's July 2026 MAR, dated 07/16/26, revealed that Clonazepam had been administered on 07/15/26 at 7:00 AM by MA A. Observation and record review on 07/15/26 at 8:38 AM of the 200 Hallway medication aide cart and Narcotic Administration Record with MA A, revealed Resident #62's Tramadol had 48 tablets in the blister pack, while the Narcotic Administration Record revealed 49 tablets remaining. Observation and record review further revealed Resident #72's Clonazepam had 48 tablets in the blister pack, while the Narcotic Administration Record revealed 49 tablets remaining. During an interview on 07/15/26 at 8:47 AM with MA A, she stated she gave the Tramadol and Clonazepam earlier this morning and forgot to sign them out in the Narcotic Record. MA A stated she did administer the medications and signed them off in the computer, but she forgot to sign them out in the narcotic log because it was the first medications she gave that shift. [TF6.1] She stated she should be signing out the narcotic medications when getting the medication out of the cart. She stated it was important to sign out the narcotics for accurate counting and tracking. MA A stated (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 - Few	the risk of not signing out the medications in the Narcotic Record timely was forgetting to sign off or not administering the medications. During an interview on 07/16/26 at 12:41 PM with ADON B, she stated she worked at the facility for 3 years. She stated when staff were giving controlled substances or narcotics, she expected them to sign the MAR and sign out sheet in the Narcotic Record binder. She stated the sign out sheets were important because that was how the staff tracked to ensure the medication administration was accurate with no discrepancies. She stated the risk of not signing off was the following shift may not know what narcotic medications were administered and the resident may not receive the medications. [TF7.1]During an interview on 07/16/26 at 1:08 PM with ADON C, he stated he had worked at the facility since 2009 and has been the ADON since October 2025. He stated he expected his staff to follow the guidelines and to count and sign the narcotic book and computer for any controlled substances. He stated it was important to sign out the book to ensure the medications were not being abused. ADON C stated the risk of not signing off the narcotic log/book was the residents may not get the medication and it was important to ensure residents were getting what was ordered. During an interview on 07/16/26 at 2:16 PM with the DON, she stated she worked at the facility for 5 years. She stated she expected her staff to make sure all controlled substances were charted in the computer system, and when the medication was removed from the cart, they were expected to sign it out in the narcotic count binder. The DON stated it was important to sign out for inventory counting and to prevent the misuse of narcotics. The DON stated the risk of not completing it was misuse of the medication or medication errors. She stated she started in-services with staff to ensure staff were following the guidelines. The DON stated the nurses were responsible for ensuring the narcotics were being signed out properly and the ADONs completed spot checks and were also responsible for oversight. Record review of the facility's Controlled Medications policy, revised 12/2019, revealed the following: .6. When a controlled medication is administered, the licensed nurse administering the medication enters all of the following information on the accountability record: Date and time of administration. Amount administered. Signature of the nurse administering the dose, completed after the medication is actually administered.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the medication error rate was not five percent (5%) or greater. The facility had a medication error rate of 8.11%, based on 3 errors out of 37 opportunities, which involved 1 of 5 residents (Resident #5) and 1 of 4 staff (RN D) observed during medication administration reviewed for medication error. RN D failed to administer all the crushed medications in medication cups leading to 3 cups being left with residual medication. This failure could place residents at risk of not receiving proper medication doses leading to an altered therapeutic response. Findings include: Record review of Resident #5's face sheet, dated 07/16/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #5's Annual MDS, dated [DATE], revealed he had the following diagnoses: Parkinsonism (neurological condition that causes movement problems) and Hypertension (high blood pressure). Resident #5 cognitive skills had a score of 3, which indicated he had severe cognitive impairment. The MDS further revealed Resident #5 required a feeding tube for nutrition. Record review of Resident #5's care plan, revised 06/05/26, revealed he required a feeding tube due to dysphagia (difficulty swallowing). Observation on 07/16/26 at 7:15 AM revealed RN D prepared medications outside of Resident #5's room. She sanitized her hands and prepared the following medications: Vitamin C (Ascorbic Acid) 500 mg 1 tablet daily via G-tube Cholecalciferol 1000 unit 1 tablet daily via G-tube Docusate Sodium 100 mg 1 tablet two times a day via G-tube Multiple Vitamins-Minerals 1 tablet daily via G-tube Famotidine 20 mg 1 tablet two times a day via G-tube Carbidopa-Levodopa 25-100 MG 1 tablet three times a day via G-tube Doxazosin Mesylate 4 mg 1 tablet daily via G-tube Eliquis 5 mg 1 tablet two times a day via G-tube RN D put each medication in an individual cup and crushed each medication. RN D washed her hands, applied PPE, and entered Resident #5's room. Each medication was mixed with 15 ml of water. RN D positioned Resident #5 with HOB elevated and checked the feeding tube placement. She flushed the tube with 60 ml of water, administered each medication individually, and flushed with 10 ml of water in-between. After administration, RN D flushed with 60 ml of water. Observation of medication cups revealed 3 cups with residual medication at the bottom and sides of medication cup. RN D rinsed the medication cups which contained residual medication on the bottom and edges with water and discarded. She removed her PPE and washed her hands before exiting room. During an interview on 07/16/26 at 7:19 AM with RN D, she stated it was normal for there to be medication sediment in the cup and she would throw it away. RN D stated she felt it was not a lot of medication left in the cup and Resident #5 would get most of the medication. RN D stated she should be giving Resident #5 all the medication, so the medication was effective. RN D stated the risk of not administering all the medication was, he may not get the full dose. She stated she should have mixed the medication with more water so Resident #5 would get all his medications. RN D stated she was trained on G-tube administration but was nervous. During an interview on 07/16/26 at 12:46 PM with ADON B, she stated she expected the nurses to crush each medication in an individual cup and to ensure the medication was well crushed and mixed to prevent any residuals with G-tube administration. ADON B stated the staff were expected to administer the whole medication. She stated the risk of leaving residual medication in the cup was the resident may not get the appropriate dose of medication. During an interview on 07/16/26 at 1:11 PM with ADON C, he stated he expected the nurses to follow orders. He stated all medications should be given and the full dose with G-tube administration. ADON C stated there should be no medication left in the cup, so the resident got the correct dose. He stated the risk if there was (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Drive McKinney, TX 75069	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residual medication in the cup was the resident may not get the medication and it was a medication error. During an interview on 07/16/26 at 2:20 PM with the DON, she stated she expected the nurses to administer all the medications completely with G-tube administration. She stated there should not be any residual in the cup and that was important, so the resident got the proper dose. The DON stated the risk of having residual medication was the resident may not get all the medication for the proper dose. She stated the nurses were responsible for ensuring accurate administration, but her and the ADON were overall responsible. Record review of the facility's Medication Administration via Feeding Tube policy, dated 01/22, revealed the following: .7. Tablets are crushed and capsules are opened to facilitate mixing and administration. Tablets should be crushed to a fine consistency. Powder from crushed tablets or capsule contents should be dispersed well in 15-20ml of water or other prescribed diluent. All the particles must be in solution prior to administering the medication.		