STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) program to the maximum extent practicable for one of five residents (Resident #25) reviewed for PASARR requirements.The facility failed to identify and screen Resident #25 as having a serious mental illness and failed to complete a new PASRR Level I screening and referral for further evaluation when there was evidence of mental illness.This failure placed residents at risk of not being appropriately identified, screened, and referred for PASRR evaluation and determination of the need for specialized services.Findings included: Review of Resident #25's MDS, dated [DATE], reflected he was a [AGE] year-old male who admitted to the facility on [DATE], with a BIMS score of 12, which indicated moderate cognitive impairment. Diagnoses included depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and adjustment disorder (a mental health condition characterized by excessive emotional or behavioral responses to identifiable stressors, leading to significant distress and functional impairment). A resident mood interview showed Resident #25 was experiencing little interest or pleasure in doing things at a frequency of 2-6 days of the week. Review of Resident #25's PASRR Level I Screening, dated 06/19/25, reflected there was no evidence that Resident #25 had indicators of a mental illness. During an interview with the MDS Coordinator on 01/14/26 at 12:03PM, she stated Resident #25's PASRR Level I was completed at the hospital prior to his admission and indicated he did not have a mental illness; therefore, he did not qualify for a PASRR Level II evaluation. The MDS Coordinator stated upon a resident's admission to the facility; she verified a PASRR Level I screening had been completed and reviewed the resident's diagnoses to ensure they were appropriately captured on the PASRR Level I screening. She stated if a discrepancy was found on the PASRR Level I, she would contact the hospital to verify its accuracy. She stated that if the Level I was inaccurate, a new Level I would need to be completed by her. She stated because of these diagnoses, Resident #25 should have received a PASRR Level II evaluation. She reported if a resident had an inaccurate PASRR Level I evaluation, they could not receive additional mental health services such as medication management. She stated a resident could become more depressed. Review of the facility's policy PASRR Revised 5/2021 reflected the following: POLICY: It is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State. PURPOSE: Mental disorder as defined in paragraph (k)(3)(1), of the SOM unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority prior to admission: That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility and; If the (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
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	individual requires such level of services, whether the individual requires specialized services; or Intellectual disability, as defined in paragraph (k) (3) (2) of the SOM, unless the State intellectual disability or developmental disability authority has determined prior to admission - That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and If the individual requires such a level of services, whether the individual requires specialized services for the intellectual disability.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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 assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of one Resident (Resident #44) of four Resident reviewed for medication administration. The facility failed to ensure proper storage and disposal of Resident #44's Albuterol Sulfate HFA (expired on 1/10/2026). This failures could place residents at risk of medication error, reduced therapeutic effectiveness, and potential adverse and administration of expired medication.Review of Resident #44's Quarterly MDS Assessment, dated 12/26/25, reflected Resident #44 is a [AGE] year-old female admitted on [DATE], she had a BIMs score of 8 indicated moderate cognitive impairment. The resident had diagnoses which included Asthma, Chronic Obstructive Pulmonary Disease (COPD), chronic lung conditions causing breathing difficulty) heart failure (a condition when the heart muscle does not pump blood as well as it should), hypertension (high blood). Review of Resident #44's Comprehensive Care Plan, Date Initiated: 03/01/2025 reflected [NAME] is at risk for resp. complications r/t COPD (Chronic Obstructive Pulmonary Disease). Interventions included Give aerosol or bronchodilators as ordered. Monitor/document any side effects and effectiveness.Review of Resident #44's active physician orders Dated: [DATE], reflected the resident had active orders for Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally every 4 hours a needed for cough, wheezing.An observation on 01/13/2026 at 11:45 AM, of the 300 Hall Nurses Cart revealed Resident #44's Albuterol Sulfate HFA expired 01/10/2025 was stored and available for administration.In an interview on 01/13/2026 at 11:55 AM, LVN A stated she was unaware Resident #44's Albuterol Sulfate HFA was expired. She stated the risk to the resident was administration of expired medication She stated that she had been in serviced on medication labeling and storage. In an interview on 01/14/26 at 1:04 PM, the DON stated nurses were responsible for ensuring medication was within date and all expired medication are removed from the cart immediately. She stated the ADON and DON audit the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated all expired medications should be taken off carts immediately. She stated the risk of having expired medication on the medication cart was the medication may not be effective and could lead to medication errors. She stated that the nurses and a medication aides' had been in-serviced on medication storage.In an interview on 01/14/26 at 3:29 PM, the ADON revealed the DON and ADON audit medication carts weekly. She stated nurses was responsible for ensuring all medication was within date and all expired medication were removed from the cart immediately. She stated the risk of having expired medication in the cart could lead to medication errors. She stated that the nurses and a medication aides' had been in-serviced on medication storage . Review of the facility's policy Medication Access and Storage / Drug Destruction Revised 7/2024 reflected the following: POLICY:It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications:PROCEDURES: Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications (e.g., medication aides) are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. Medications requiring refrigeration or temperatures between 2 C (36 F) and 8 C (46 F) are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy, if a current order exists.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure all drugs and biologicals were stored in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys for 2 medication carts (hall 300 Nurses cart and 100 hall medication Aide cart) of 4 medication carts reviewed for pharmacy services. The facility failed to ensure proper storage and disposal Resident #83's Albuterol Sulfate HFA (Resident discharged [DATE]), acidophilus 1 billion which required refrigeration per manufacturer's guidelines was observed stored unrefrigerated. These failures could place residents at risk of medication error, reduced therapeutic effectiveness, and potential adverse outcome due to improper storage.Review of Resident #83's Quarterly MDS Assessment, dated 12/12/25, reflected the resident is a [AGE] year-old male admitted on [DATE], and had a BIMs score of 13 considered intact or normal. The resident had diagnoses which included hypertension (high blood), Anemia (a condition marked by a deficiency of red blood cells or of hemoglobin in the blood, resulting in pallor and weariness), heart failure (a condition when the heart muscle doesn't pump blood as well as it should), renal insufficiency (means the kidneys aren't working at full capacity, filtering waste and fluids less effectively), hemiplegia (is paralysis that affects only one side of your body), cerebral vascular Accident (a serious medical event where blood flow to part of the brain is suddenly interrupted, causing brain cells to die from lack of oxygen and nutrients, potentially leading to permanent disability or death). Review of Resident #83's Comprehensive Care Plan, Date Initiated: 09/19/2025 with Cancelled Date: 11/14/2025: [NAME] Has altered respiratory status/Difficulty Breathing r/t COPD, anxiety. Facility interventions included: Administer medication/puffers as ordered. Monitor for effectiveness and side effects. The interventions were cancelled 11/14/2025.Review of Resident #83's progress notes dated 11/6/2025 at 9:05 AM reflected Resident discharged to [FACILITY NAME] will all meds and discharge instructions, resident transported by facility van with facility driver. Complete Hospice nurse [NAME] notified. this entry was written by RN F.An observation on 01/13/2026 at 11:45 AM, of the 300 Hall Nurses Cart revealed medication labelled for Resident #83 who had been discharged [DATE] was found stored in the medication cart. An observation on 01/14/2026 at 11:45 AM, of 100 hall medication aide cart revealed acidophilus that required refrigeration was stored unrefrigerated in the medication cart. In an interview on 01/13/2026 at 11:55 AM, LVN A stated she was unaware Albuterol Sulfate HFA labelled for Resident #83 who was discharged on 11/6/2025 was still in the cart. She stated the nurses were responsible for ensuring all medication in the cart were within date and discharged residents' medication should have been removed as soon as the resident discharged . She stated the risk to the resident was medication error because a discharged resident medication can be accidentally administered to another resident. She stated that she had been in serviced on medication labeling and storage. In an interview on 01/14/2026 at 11:45 AM, MA C stated she was unaware the acidophilus was supposed to be refrigerated. She stated the risk of not storing medication in the fridge that requires refrigeration was the medication would be less effective.In an interview on 01/14/26 at 1:04 PM, the DON stated nurses was responsible for ensuring medication was within date and all discharged residents medication should be removed from the cart immediately. She stated the ADON and DON audit the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated that when a resident was discharged that resident's medication should be removed from the cart immediately. She stated if medication were supposed to be refrigerated it should be refrigerated because the medication could lose its effectiveness. She stated the risk of having discharged residents' medication in the medication cart could lead to medication errors. She (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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	stated that the nurses and a medication aides' had been in-serviced on medication storage .In an interview on 01/14/26 at 3:29 PM, the ADON revealed the DON and ADON audit medication carts weekly. She stated that all medication that require refrigeration should be in the fridge because the medication loses its potency. She stated that discharged residents' medication should be removed from the cart immediately could lead to medication errors. Review of the facility's policy Medication Access and Storage / Drug Destruction Revised 7/2024 reflected the following: POLICY:It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications:PROCEDURES: Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications (e.g., medication aides) are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. Medications requiring refrigeration or temperatures between 2 C (36 F) and 8 C (46 F) are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy, if a current order exists.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one resident (Resident #17) of three residents, reviewed for infection control. The facility failed to ensure CNA C changed gloves and performed hand hygiene during incontinence care for Resident #17. This failure placed residents at risk for healthcare associated cross contamination and infections.Review of Resident #17's Quarterly MDS Assessment, dated 01/03/26, reflected the resident was [AGE] year-old male admitted [DATE] who had a BIMs score of 00 indicated severe cognitive impairment. The resident had diagnoses which included Atrial Fibrillation (a common, irregular heart rhythm where the heart's upper chambers quiver instead of beating effectively, potentially causing palpitations, fatigue, and dizziness, and significantly increasing the risk of stroke and heart failure), Heart failure (the heart can't pump enough oxygen-rich blood to meet the body's needs, often due to weakness or stiffness, causing symptoms like shortness of breath, fatigue, and leg swelling), Hypertension (high blood pressure)Coronary Artery .Section H - Bladder and Bowel of MDS the resident was frequently incontinent of bladder and always incontinent of bowel. Review of Resident #17's Comprehensive Care Plan, dated 12/30/26, reflected [NAME] is at risk for skin breakdown r/t bowel incontinence. Facility interventions included: Provide peri care after each incontinent episode. An observation on 01/14/2026 at 1:43 PM, revealed Resident #17 was in bed. He was awake, and alert. CNA C and CNA D introduced themselves and explained to the resident that they were going to provide incontinence care. CNA C and CNA D performed hand hygiene donned clean gloves. CNA C removed Resident #17's dirty brief, Resident #17 had a small bowel movement. CNA C cleaned the resident from front to back. CNA C put dirty diapers in trash can. CNA C did not change gloves or perform hand hygiene after cleaning the resident. CNA C applied barrier cream to the residents' buttocks rolled resident to the right then fastened the clean diaper. CNA C and CNA D repositioned Resident #17. CNA C touched the residents call light, CNA C arranged items on Resident#17's bedside table to include his water pitcher then removed gloves. An interview on 01/14/2026 at 1:48 PM, revealed CNA C knew that he was supposed to change gloves and perform hand hygiene. He stated he was nervous and forgot to change gloves and performed hand hygiene. He stated the risk to the resident was the risk of contaminating personal property that increased chances of infection. He stated he had been in serviced on infection control.An interview on 01/14/2026 at 1:49 PM, CNA D revealed that when providing incontinence, the practice was to change gloves and perform hand hygiene every time when going from dirty to clean. She stated CNA C should have changed gloves after cleaning the resident. She stated that he always changed gloves, and he must have been nervous because the surveyor was watching him. She stated she had been in serviced on incontinence care. She stated the risk to the resident was risk of contamination and infection. An interview on 01/14/2026 at 1:53 PM, with the ADON also the Infection Preventionist revealed staff was supposed to clean the resident, change gloves, perform hand hygiene, and then put a clean brief on the resident. The Infection Preventionist said failure to change gloves and perform hand hygiene could cause issues with infection control. She stated that staff had been in serviced on infection control and incontinence care.An interview with the DON on 01/14/2026 at 2:53 PM, revealed staff was supposed to change their gloves and perform hand hygiene after cleaning a resident. The DON said failure to do so could cause infection. She stated that staff had been in serviced on infection control and incontinence care.This facility policy titled Infection Prevent and Control Program revised 10/2022 Reflected:PolicyThe program will be carried out by the facility infection preventionist. It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene based on accepted standards.Goals Decrease the risk of infection to residents and personnel. Recognize infection control practices while (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675111	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Gardens Rehabilitation and Healthcare	2135 N Denton Dr Carrollton, TX 75006

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	providing care. Identify and correct problems relating to infection control. Ensure compliance with state and federal regulations related to infection control Promote individual residents' rights and well-being while trying to prevent and control the spread of infection. facility personnel will wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.