

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  The Oaks at Radford Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  725 Medical Dr Abilene, TX 79601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. The facility failed to ensure food was sealed and labeled properly in the kitchen freezer. The facility failed to ensure food was labeled in the kitchen refrigerator. These failures could place residents that eat out of the kitchen at risk for food borne illnesses. The findings included: During an observation on 03/17/2026 between 10:00 AM and 12:45 PM revealed: Freezer #1-1 large, unsealed bag of what appeared to be frozen chicken was not labeled or dated. Refrigerator Mustard was dated as opened on 3/30 and a received date of 2/19. -1 large bag of thawing chicken, undated and unlabeled. -2 bags of chili thawing out, unlabeled and undated. During an interview on 03/17/2026 at 10:30 AM, the DM stated all food, even when removed from the original box, should have been labeled with the product name and dated when it was opened. She stated not doing so, it could have caused the residents to become sick if it were contaminated. She stated she monitored the kitchen storage and refrigerator and freezers. The DM stated her expectations were for staff to follow the facility guidelines. During an interview on 03/19/2026 at 11:52 AM, the ADMN stated she had been through three (3) kitchen managers and could not locate prior in-services from the current DM starting. She stated the staff should have followed the policy on dating and labelling food and should be done when the delivery was made even when products were taken out of the original box. The ADMN stated the DM monitored kitchen staff and the ADMN monitored with making weekly kitchen round. She stated the failure was that staff most likely were rushing through the delivery and receiving food and not following policy and procedures. The ADMN stated her expectations were to follow the policy, labeling items when received. Facility policy Food Storage with a revised date of June 1, 2019, revealed: Policy: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines. Procedure .2. Refrigerators .d. Date, label and tightly seal all refrigerated foods using clean, non-absorbent, covered containers that are approved for food storage 3 Freezers . Review of the Food Code 2022 <a href="https://www.fda.gov/food/retail-food-protection/fda-food-code">https://www.fda.gov/food/retail-food-protection/fda-food-code</a>, accessed 03/19/2026 reflected : 3-602.11 Food Labels.(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.(B) Label information shall include:(1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement .refrigerated foods must be consumed, sold or discarded by the expiration date.</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observations, interviews, 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 each resident for 1 of 3 medication carts (medication cart for Hall C) and 1 of 1 medication room reviewed for pharmacy services. The facility failed to ensure Resident #19's Nitroglycerin (medication used to treat chest pain) was not expired and was on the medication cart for Hall C. The facility failed to ensure that medications were labeled in Medication cart for C Hall on 03/17/2026. The facility failed to ensure 3 vials of Hepatitis B vaccine were not expired and were in the medication room refrigerator. 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 03/17/2026 at 10:20 AM, the medication cart for Hall C contained a bottle of Nitroglycerin with an expiration date of 02/13/2026 for Resident #19. During an observation on 03/17/2026 at 10:20 AM, the medication cart for C Hall contained a medication cup not labeled with a purple pill and a blue pill, and a medication cup with no label with 1 green pill, 1 yellow pill, and 3 white pills. During an interview on 03/17/2026 at 10:25 AM, LVN-A stated that she did not know who the pills were for or what medication they were. She stated that they must have been left from the night shift. She stated that she had not checked the cart before she accepted it. She stated that she was the only person with access to the medication cart. She stated that medication should never be placed into a medication cup until they were about to be given and if they were not given, they should be discarded. During an observation on 03/17/2026 at 2:29 PM, the refrigerator in the medication room contained 3 vials of Hepatitis B vaccines that expired on 09/03/2025. During an interview on 03/19/2026 at 11:22 AM, the DON stated it was her responsibility to perform routine checks of the medication carts for expired medications and to ensure that all meds are labeled and dated properly. She stated she had not had time to complete the audits as she had only been the DON since December. She stated all expired medication should have been removed from the medication carts and the medication room immediately. She stated having expired medications posed a risk of residents receiving bad and ineffective medications. She stated the Hepatitis vaccines were for staff only and that no residents had received the expired vaccines. 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.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observations, interviews, and record review the facility failed to ensure that all drugs and biologicals were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable and store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys for 1 of 3 medication carts (medication cart for Hall C) reviewed for pharmacy services. The facility failed to ensure medications were locked and labeled when unattended on Medication cart for C hall on 03/18/2026. This failure could place residents at risk of having access to unauthorized medications, leading to possible harm or drug diversions. Findings include: During an observation on 03/18/2026 10:47 AM, the medication cart for C Hall was found unlocked with a medication cup not labeled with six pills sitting on top of the cart. LVN-A was in a resident's room while cart was unlocked and out of sight. During an interview 03/18/2026 at 10:53 AM, LVN-A stated the medication cart for Hall C was her cart and was responsible for this cart. She stated she was always supposed to lock the medication cart when not in use or out of sight. LVN-A stated the pre-popped pills belonged to the resident in the room she came out of. LVN A, later stated the medication belonged to a different resident. She stated she knew there was a possibility of residents, staff or visitors taking medications, but a resident had a bowel movement and was in a hurry. LVN A stated the potential harm for residents was that they could get into medications that were not theirs which could cause an allergic or negative reaction. During an interview on 03/19/2026 at 11:22 AM, the DON stated medications should never be placed into a medication cup and left on the cart. She stated meds are to be pulled and placed in cups only at the time of administration and never be pre-set-up. She stated if the resident was unavailable then the medications should have been discarded. She stated that leaving unlabeled medications in cups and on top of medication carts was dangerous because other residents could have access to the wrong medications. ^ Record review of the facility's policy titled Medication Storage in the Facility, dated 2025, reflected Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to license nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedure 1. [facility pharmacy] dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices where applicable. Medications are kept and stored in these containers. Transfer of medications from one container to another is done only by a pharmacist. 2. Only licensed nurses, the Consultant Pharmacist, and those lawfully authorized to administer medications (e.g. medication aides) are allowed unsupervised access to medications. Medication rooms, carts, and medication supplies are locked or attended to by persons with authorized access.</p>		

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<p>F 0940</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on interview and record review, the facility failed to develop, implement, and maintain an effective training program for all new and existing staff for 8 of 13 (RN-A, CNA-D, CNA-E, CNA-F, HK-G, AD, Maint, and DOR) staff reviewed for training on dementia management, HIV, restraint reduction and prevention of falls. The facility failed to implement and maintain a training program that ensured RN-A, CNA-D, CNA-E, CNA-F received required dementia management training upon hire. The facility failed to implement and maintain a training program that ensured the DOR and HK-G received required dementia management training annually. The facility failed to implement and maintain a training program that ensured RN-A, CNA-D, CNA-E, CNA-F received required HIV training upon hire. The facility failed to implement and maintain a training program that ensured DOR and HK-G received required HIV training annually. The facility failed to implement and maintain a training program that ensured RN-A, CNA-D, CNA-E, and CNA-F received required restraint reduction training upon hire. The facility failed to implement and maintain a training program that ensured DOR and HK-G received required restraint reduction training annually. The facility failed to implement and maintain a training program that ensured RN-A, CNA-D, and CNA-E received required prevention of falls training upon hire. The facility failed to implement and maintain a training program that ensured AD, Maint, DOR, and HK-G received required prevention of falls training annually. These failures could place residents at risk of being cared for by staff who had been insufficiently trained in managing the behaviors related to dementia, the mode of HIV transmission, HIV prevention, precautions, rights of an infected individual and behaviors associated with HIV transmission, reduction of restraint use, and prevention of falls. Findings included Record review of personnel record for RN-A reflected a hire date of 12/2022. Further review of personnel record provided by the Admn reflected RN-A had no evidence she had completed dementia management, HIV, restraint reduction, or fall prevention training upon hire at the facility. Record review of personnel record for CNA-D reflected a hire date of 04/2024. Further review of personnel record provided by the Admn reflected CNA-D had no evidence she had completed dementia management, HIV, restraint reduction, or fall prevention training upon hire at the facility. Record review of personnel record for the CNA-E reflected a hire date of 03/2025. Further review of personnel record provided by the Admn reflected the CNA-E had no evidence she had completed dementia management, HIV, restraint reduction, or fall prevention training upon hire at the facility. Record review of personnel record for CNA-F reflected a hire date of 09/2024. Further review of personnel record provided by the Admn reflected CNA-F had no evidence she had completed dementia management, HIV, restraint reduction, or fall prevention training upon hire at the facility. Record review of personnel record for HK-G reflected a hire date of 06/2001. Further review of personnel record provided by the Admn reflected HK-G had no evidence he had completed annual dementia management, HIV, restraint reduction, or fall prevention training. Record review of personnel record for AD reflected a hire date of 11/2004. Further review of personnel record provided by the Admn reflected AD had no evidence she had completed annual fall prevention training. Record review of personnel record for Maint reflected a hire date of 09/2022. Further review of personnel record provided by the Admn reflected Maint had no evidence he had completed annual fall prevention training. Record review of personnel record for the DOR reflected a hire date of 09/2022. Further review of personnel record provided by the Admn reflected the DOR had no evidence he had completed annual dementia management, HIV, restraint reduction, or fall prevention training. During an interview on 03/19/2026 at 12:10 p.m., the DON stated the human resources director was responsible for tracking training compliance. She stated she did not have access to monitoring staff training in the system. She stated her expectation was for staff to complete all required training on time. She stated it was beneficial to the staff and residents for the staff to remain current on rules, regulations and best practice so the residents received the best care possible. The DON stated residents could suffer (continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>from not receiving care that was based on the current rules, regulations, techniques, and individual needs. During an interview on 03/19/2026 at 12:28 p.m., the Admn stated her expectation would be for staff to have appropriate training during orientation and annual per regulation, for staff to participate in training, and have access to answers for any questions staff may have. She stated the Human Resources Director was responsible for monitoring training compliance and sending notifications to staff when training was due. She stated there had been 3 human resources directors hired since June 2025. She stated the current human resources director started the position 2 days ago. The Admn stated she thought the failure occurred due to a disconnect in onboarding new employees and maintaining training records for existing employees was directly related to the rate of turnover in the human resources director position. She stated when most of the corporate owned facilities were sold, the number of corporate support staff decreased. She stated the effect on residents of failing to maintain training compliance may be an increased risk of receiving inadequate, outdated care or issues related to resident care not being resolved. During an interview on 03/19/2026 at 1:18 p.m., LVN-B stated she had worked at the facility since last fall. She stated HR sent staff emails when training was due. LVN-B explained when the due date was close, she would receive a reminder email. She stated effect on residents of failing to complete training on time would be staff providing care without the proper education. She stated staff needed refreshers or updates on expectations of care. LVN-B stated the DON and ADON were responsible for monitoring training compliance. During an interview on 03/19/2026 at 1:44 p.m., CMA-G stated HR sent email reminders to staff when training was due. She stated the importance of training for resident care was knowing how to provide care the right way, knowing what to do and when to do it. She stated ADON was responsible for ensuring all staff training was up to date. Review of facility policy titled Employee Personnel Policies revised December 2019 revealed 4. Orientation programs and in-service training classes are conducted to assist employees in understanding our personnel policies and procedures.</p>		

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<p>F 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>Based on interviews and record reviews, the facility failed to include as part of its QAPI program mandatory training that outlines and informs staff on the elements and goals of the facility QAPI program for all new and existing staff for 4 of 13 (RN-A, CNA-D, CNA-F, and AD) staff reviewed for training on QAPI. The facility failed to ensure that RN-A, CNA-D, CNA-F, and AD were educated on the facility's QAPI program as part of their mandatory training requirements. This failure could place residents at risk of their quality of care not being improved upon when a known issue had occurred from staff not being informed on the goals and various elements of the QAPI program. Findings included Record review of personnel record for RN-A reflected a hire date of 12/2022. RN A's personnel file showed no evidence she had completed QAPI training upon hire or while working at the facility. Record review of personnel record for CNA-D reflected a hire date of 04/2024. CNA D's personnel file showed no evidence she had completed QAPI training upon hire or while working at the facility. Record review of personnel record for the AD reflected a hire date of 11/2004. The AD's personnel file had no evidence she had completed QAPI training upon hire or while working at the facility. Record review of personnel record for CNA F reflected a hire date of 09/2024. CNA-F's personnel file had no evidence she had completed QAPI training upon hire or while working at the facility. During an interview on 03/19/2026 at 12:10 p.m., the DON stated the human resources director was responsible for tracking training compliance. She stated she did not have access to monitoring staff training in the system. She stated her expectation was for staff to complete all required training on time. The DON stated it was beneficial to the staff and residents for the staff to remain current on rules, regulations and best practice so the residents received the best care possible. The DON explained residents may suffer from not receiving care that was based on the current rules, regulations, techniques, and individual needs. During an interview on 03/19/2026 at 12:28 p.m., the Admn stated her expectation would be for staff to have appropriate training during orientation and annual per regulation, for staff to participate in training, and have access to answers for any questions staff may have. She stated the Human Resources Director was responsible for monitoring training compliance and sending notifications to staff when training was due. She stated there had been 3 human resources directors hired since June 2025. The Admn stated QAPI training was scheduled this month for all staff. During an interview on 03/19/2026 at 1:18 p.m., LVN-B stated she had worked at the facility since last fall. She stated HR sent staff emails when training was due. LVN-B stated when the due date was close, she would receive a reminder email. She stated she was not aware of QAPI training as a requirement. She stated effect on residents of failing to complete training on time would be staff providing care without the proper education. She stated staff needed refreshers or updates on expectations of care. LVN-B stated DON and ADON were responsible for monitoring training compliance. During an interview on 03/19/2026 at 1:44 p.m., CMA-G stated HR sent email reminders to staff when training was due. CMA-G stated she did not know about QAPI or the training. She stated ADON was responsible for ensuring all staff training was up to date. Review of facility policy titled Employee Personnel Policies revised December 2019 revealed 4. Orientation programs and in-service training classes are conducted to assist employees in understanding our personnel policies and procedures.</p>		