

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675808	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Windsor Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 250 W British Flying School Blvd Terrell, TX 75160	
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 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 observation, interview and record review the facility failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls, and permitted only authorized personnel to have access to the keys for 1 of 1 crash carts (central nurse's station) reviewed for drugs and biologicals. The facility failed to ensure expired medical supplies were not available for resident use on the crash cart. This failure could place residents at risk of reduced germ-killing efficacy, skin irritation, contamination risks, and non-sterile cleaning. Findings include: During an observation on 2/27/26 at 8:05 a.m., the crash cart located at the central nurse's station, revealed there were 86 individual alcohol wipes labeled with an expiration date of 10/3/2024 located in the third from the top drawer of the crash cart. An attempted telephone interview on 2/27/26 at 8:35 a.m. with the night nurse, LVN Q, who signed off checking the crash cart on 2/27/26 was unsuccessful. In an interview on 2/27/26 at 8:05 a.m., ADON O stated night shift was responsible for checking the crash cart each shift and ensuring all medications and supplies were current and accounted for. ADON O stated she occasionally checked the cart behind the night nurses to ensure it was done properly. The ADON O stated it was important to ensure all supplies, medications, and equipment on the crash cart worked so in the event of an emergency, there were no delays with care and optimal care was provided. During an interview with the facility administrator on 2/27/26 at 5:35 p.m., the administrator stated the ADONs and pharmacy technician completed cart audits. The administrator stated the nurses should maintain the cart and go over the check list daily. The administrator said he expected nursing leadership to monitor that process. The administrator stated expired medications or supplies that were not good were not effective. Record review of Medication Access and Storage policy, dated 5/2007 indicated: Procedures: 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.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675808
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