

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Windcrest Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6050 Hospital Dr Abilene, TX 79606	
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. 45732 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 2 of 3 medication carts (medication cart for Unit #1 and medication cart for Unit #2) reviewed for pharmacy services. The facility failed to ensure Resident #33, and Resident #71's natural tears eye drops were labeled with an open date on the medication cart for Unit #1. The facility failed to ensure Resident #12, and Resident #81's natural tears eye drops were labeled with an open date on the medication cart for Unit #2. 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 03/10/25 at 10:00 AM, the medication cart for Unit #1 contained 2 bottles of natural tears eye drops with no open date for Resident #33 and Resident #71. During an observation on 03/10/25 at 10:10 AM, the medication cart for the Unit #2 contained 2 bottles of natural tears eye drops with no open date for Resident #12 and Resident #81. During an interview on 03/10/25 at 3:00 PM, LVN B stated all medications in multiuse vials should have been dated when opened. She stated she thought eye drops were good for 90 days after opening date. She stated it was the nurse's responsibility to date the medication when opened and to check the date prior to administering the medication. She stated not putting the open date could lead to residents receiving expired medications. (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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/12/25 at 10:15 AM, the DON stated eye drops and 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 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. During an interview on 03/12/25 at 10:50 AM, the Administrator stated it was her expectation for the facility staff to follow medication storage and labeling procedures. She stated it was the nurse's responsibility to label medications when they were opened. She stated this could lead to residents receiving expired medications. Review of facility policy titled, Over-the counter Medications, dated 09/21/2021, revealed in part: Policy: The facility may maintain a supply of over-the-counter medications supplied by the facility as allowed by state regulations. Procedure . 3. For multi-use eye drops, verify expiration date on the product. The product should be dated when opened and is valid for 28 days .		

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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** 45732 Based on observations, interviews, and record reviews, 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 2 of 3 residents (Resident #50 and Resident #48) and 1 of 2 staff (LVN A) reviewed for blood glucose monitoring. The facility failed to ensure that LVN A cleaned the glucometer (capillary-blood sampling devices) after using it for Resident #50 and before using it for Resident #48. This failure could place residents at risk for cross contamination, infections, and a decrease in quality of life. Findings included: Resident #50 Review of Resident #50's electronic Face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of diabetes, pelvis fractures, and heart failure. Review of Resident #50's Admission MDS dated [DATE], revealed: BIMS of 10 which indicated moderately impaired cognition. Further review of the MDS Section I Active Diagnoses: Type 2 Diabetes. Review of Resident #50's electronic Comprehensive Care plan initiated on 03/07/25, revealed: Focus: Resident has a diagnosis of diabetes and is at risk for unstable blood sugars. Goal: Will remain free from the signs and symptoms of hyper/hypoglycemia. Interventions: Monitor blood sugar as ordered by physician. Review of Resident #50's electronic physicians orders revealed: Fasting Blood Sugar via glucometer before meals and at bedtime, start date 02/27/2025. Resident #48 Review of Resident #48's electronic Face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of diabetes, influenza, and pneumonia. Review of Resident #48's Admission MDS dated [DATE], revealed: BIMS of 12 which indicated moderately impaired cognition. Further review of the MDS Section I Active Diagnoses: Type 2 Diabetes and Pneumonia. Review of Resident #48's electronic Comprehensive Care plan revised on 03/10/25, revealed: Focus: Resident has a diagnosis of diabetes and is at risk for unstable blood sugars. Goal: Will remain free from the signs and symptoms of hyper/hypoglycemia. Interventions: Monitor blood sugar as ordered by physician. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #48's electronic physicians orders revealed: Fasting Blood Sugar via glucometer before meals and at bedtime, start date 03/03/2025. During an observation on 03/10/25 at 11:35 AM, blood sugar was being taken by LVN A for Resident #50. LVN A did not wash hands but donned gloves and removed glucometer from the drawer of the medication cart. LVN A did not clean glucometer and entered Resident #50's room. LVN A laid glucometer on Resident #50's bedside table without sanitizing or cleaning the table. LVN A obtain blood sugar reading and returned to medication cart laying glucometer down on the cart without cleaning it. LVN A removed gloves and sanitized her hands. LVN A went to the dining room and brought Resident #48 to her room to perform blood sugar check. LVN A donned gloves and grabbed uncleaned glucometer off the medication cart and entered Residents #48's room. LVN A laid glucometer on Resident #48's bedside table without cleaning the table. LVN A obtained blood sugar reading and returned to medication cart and placed glucometer in the drawer without cleaning it. During an interview on 03/10/25 at 11:55 AM, LVN A stated the glucometer should have been cleaned prior to and after each use. She stated she should not have gone from one resident to another without cleaning in between. LVN A stated she had been trained and she knew the proper procedure. She stated she just was nervous with being watched. LVN A stated this failure could lead to spreading infection. During an interview on 03/12/25 at 10:15 AM, the DON stated glucometers must be cleaned prior to each use and after each use and must be let set to dry. She stated glucometers should have never been used for more than one resident without being cleaned prior to using on the next resident. She stated the nurses were trained on this in their yearly competencies regarding infection control. She stated not cleaning glucometers could lead to cross contamination leading to infection. During an interview on 03/12/25 at 10:50 AM, the Administrator stated it was her expectation for the facility staff to follow all infection control procedures. The Administrator stated nurses performed competencies when hired and yearly and they were trained on infection control and glucometers. She stated ultimately it was the DON's responsibility to ensure nursing staff followed infection control procedures. She stated this could lead to cross contamination resulting in infection. Review of LVN A's personnel file revealed she was current and up to date with all training. Review of the facility document titled, 802 Resident Matrix, printed 03/10/25, revealed no residents in the facility had any bloodborne pathogens. Review of facility policy titled, Glucometer Devices, dated 06/08/2021, revealed in part: Anticipated Outcome: Blood glucose testing and monitoring will be performed according to physicians' orders. The disinfection of capillary-blood sampling devices will be performed in a manner to prevent transmission of bloodborne diseases to residents and employees. Process: 1. The facility will ensure blood glucometers will be cleaned and disinfected after each use and according to manufactures instructions for multi-resident use or single use.		