

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                           | (X3) DATE SURVEY<br>COMPLETED<br><br>02/12/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Legend Oaks Healthcare and Rehabilitation - Waxaha                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>151 Country Meadows Boulevard<br>Waxahachie, TX 75165 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <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 reviews, the facility failed to properly store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. The facility failed to ensure food was properly labeled and dated. This deficient practice could place residents who ate food served from the kitchen at risk for health complications and foodborne illnesses. Findings included: An observation on 02/10/2026 at 9:18 AM in the facility's walk-in cooler revealed 1 large plastic container of mayonnaise, 1 container of white meat chicken salad with cranberries and pecans, and 1 container of chopped dilled relish that was not labeled or dated. In an interview on 02/12/2026 at 12:33 PM, KW A stated he was trained on labeling and dating recently and that all food should be labeled and dated after they were opened, and if this was not done then residents could become sick. In an interview on 02/12/2026 at 12:41 PM, KW B stated she had been in-serviced recently on food labeling and dating and it should be done on every item that was opened, to ensure residents did not eat expired food. In an interview on 02/12/2026 at 12:45 PM, [NAME] A stated he was recently trained in hand hygiene and food labeling and dating and that all items in the kitchen should be labeled and dated as soon as they were opened to prevent serving expired items to residents. In an interview on 02/12/2026 at 12:52 PM, KM A stated it was his expectation that all items in the kitchen be labeled and dated, and he used the rule 'first in first out'. He stated if food was not labeled correctly, it could be expired and cause harm to a resident like salmonella poisoning. He stated he instructed his staff to use the superior store safe labels to help with labeling and dating in the kitchen. In an interview on 02/12/2026 at 1:24 PM, the ADM stated she expected all staff to follow the food policy on labeling and dating. She stated if the policy was not followed the facility could potentially serve expired food to residents. In an interview on 02/12/2026 at 1:30 PM, the DON stated that all foods items should be labeled and dated as food was received in the kitchen, and if that was not done, they could serve expired food items to residents. She stated she required all staff to check expiration dates on all items. Review of the facility's policy titled, Resident/Personal Food Storage/Rethermalization-Microwaving/Hot Liquids undated, revealed: Food brought to the facility by family members or friends will be handled according to safe food handling guidelines. Designated staff will monitor foods and beverages brought in from outside sources for storage in facility pantries or refrigeration units. 1. Food storage areas shall be clean at all times. 5. All perishable foods must be dated, labeled and will be disposed of after 72 hours or by package expiration date. Foods must be in original packaging, sealed and dated from an approved vendor/store.</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 0850</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interviews and record review, the facility with more than 120 beds failed to employ a qualified social worker on a full-time basis for 1 of 1 facility's reviewed for qualifications of a Social Worker. The facility, licensed for 121 beds, did not employ a full-time, qualified social worker. This failure could place residents at risk for unmet social services and psychosocial needs. Findings included: Review of the Facility Summary Report from the Texas Unified Licensure Information Portal (TULIP) dated 02/10/2026 reflected the facility had a total licensed capacity of 121 beds. Review of the Key Staff Roster, undated, provided by the ADM on 02/10/2026 to the state surveyor, revealed no personnel named next to the job title Social Services Director. In an interview on 02/12/2026 at 11:14 AM with the ADM, she stated that the facility had been without a qualified social worker since the last week of January 2026. She stated that they had an assistant social worker currently employed, but that individual was not licensed nor had the educational requirements for a nursing facility social worker. She stated that the facility would utilize social workers from their sister facilities, but there was not a full-time social worker employed at the facility since the last one was terminated due to their failure to become a licensed social worker. In an interview on 02/12/2026 at 12:09 PM with the ASW, she stated that she had been working at the facility for 8 years and serving as the ASW for the past 2 years. She stated that the prior 6 years, she served as a CNA, and that her CNA license was still active. She stated she did not have a bachelor's degree, and that her highest level of education was a high school diploma. She stated her role responsibilities included handling discharges, grievances, conducting PHQ-9 assessments, and BIMS assessments. She stated if there were grievances that she could fix right then, she would, but that every grievance she received she took to the DON and/or ADM for them to follow up with the griever and come to a resolution. She stated the qualified social worker left the facility about 2 weeks ago. She stated that when the qualified SW was here, there was no real difference in role responsibilities between the 2 of them. In an interview on 02/12/2026 at 2:39 PM with ADM A, she stated the facility did not, at the time of the annual survey, have a qualified social worker employed at the facility. She stated they were looking for a qualified social worker through job postings. She stated that she was in the process of conducting interviews. She stated that anyone could conduct a PHQ-9 (9 item self-report questionnaire used to screen for depression and assess its severity) and/or BIMS assessment. She stated that she was considered the grievance official, and that the social worker receives them. In an interview on 02/12/2026 at 2:47 PM with ADM B, she stated that she helped the facility with social services assessments and helped answer questions about discharge. She stated that she was usually the person the facility and their other sister facilities could ask social work questions to. She stated that prior to her becoming an ADM at a sister facility, she was the ADM at this facility. She stated that she was at this facility fairly often, and families could reach out to her. She stated that she was not currently a full-time social worker at this facility. She stated that BIMS and PHQ-9's could be conducted by different disciplines.</p> |                                                                                                    |                                                 |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the proper coordination of PASARR assessments for 1 (Resident #41) of 7 residents reviewed for PASARR screenings and evaluations. The facility failed to refer Resident #41 for a PASARR Level II evaluation despite her PASARR Level 1 indicated a diagnosis of MI. This failure could place residents with no PASARR Level II Evaluation at risk of not receiving specialized care and services to meet their needs or obtain their highest practicable well-being. Findings included: Review of Resident #41's quarterly MDS assessment dated [DATE] reflected a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses: aphasia (communication disorder caused by damage to the brain that affects a person's ability to speak, understand, read, or write), malnutrition (imbalance in a person's intake of energy and nutrients, affecting overall health and development), bipolar disorder (extreme mood swings that affects the ability to think clearly), cognitive communication deficit (difficulties in communication that arise from impairments in cognitive processes), and senile degeneration of brain (progressive deterioration of brain tissue and function that occurs beyond normal aging). Resident #41 had a BIMS score of 07-indicating severe cognitive impairment. Review of Resident #41's comprehensive care plan dated 01/03/2025 reflected Resident #41 was care planned for being at risk for impaired cognitive function/dementia or impaired thought processes r/t bipolar disorder. The interventions included social services to provide psychosocial support as needed. She was also care planned for potential for a psychosocial well-being problem r/t report of lack of interest. The interventions included: pastoral care, social services, and psych services. In an interview on 02/12/2026 at 1:09 PM with the MDSC, she stated that she started working at the facility on 9/4/2025. She stated that the person who was in her position before she started there, had 2 PL1's for Resident #41 put into the system. She stated the 1st PL1 was incorrect, and the 2nd PL1, the system did not accept, and no one followed up to ensure the correct PL1 was transmitted. She stated that since the PL1 was not transmitted, it would not have alerted the LMHA to go conduct the PE for Resident #41. The MDSC stated that she would be responsible for filling out a 1012 form, which was a correction to the PL1, and then the LMHA would be notified to go to the facility and conduct the PE. In an interview on 02/12/2026 at 2:33 PM, with the ADM, she stated that she was aware that the 2nd (corrected) PASARR for Resident #41 did not get transmitted through the system. She stated that the previous MDSC had submitted those PASARR's. She stated that the current MDSC she had at the facility was very familiar with PASARR and submission guidelines. She stated that she did not think there would be a negative impact to Resident #41 because she was sure the resident would not qualify for services, but residents could lose out on additional services they qualified for. Review of the 'PASRR in the NF Participant Manual' dated 8.13.2018 provided by the facility revealed under the 'Nursing Facility PASRR Responsibility Checklist' Ensure positive Preadmission PL1's are faxed to the Local Intellectual and Developmental Disability (LIDDA) or Local Mental Health Authority (LMHA) and Monitor the Long-Term Care (LTC) online portal daily for alerts.</p> |                                                                                                    |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to establish a system of accurate reconciliation and removal of expired/discontinued medications from nursing med carts for 1 (500-hall med cart) of 4 med carts reviewed for pharmacy services and medication storage. The 500-hall nursing medication cart had a box of lubricant eye drops labeled for Resident #13 with an expiration date of 01/2026. The 500-hall nursing medication cart had two boxes of wound dressing with antibacterial silver with an expiration date of 07/01/2025. These failures had the potential risk of affecting 24 residents on 500-hall receiving medications from 500-hall med cart which could place them at risk for having non-therapeutic levels of medications and delayed healing. Findings included: In an observation on 2/11/2026 at 9:58 a.m. the 500-hall's nursing medication cart revealed a box with lubricant eye drops (for temporary relief from dry, burning, and irritated eyes) labeled for Resident #13 with an expiration date of 01/2026. In an observation on 2/11/2026 at 9:58 a.m., the 500-hall nursing medication cart had two boxes of wound dressing with antibacterial silver with expiration date of 07/01/2025. In an interview on 2/11/2026 at 9:08 a.m. with LVN B, she said she was trained on following medication storage policy a few months ago. She stated that this training included verifying each medication for expiration dates before administering medications to the residents and daily med carts checks when working on medication carts. She stated that charge nurses and medication aides were responsible for checking their medication carts daily for expiration dates and removing expired/discontinued medications from the med carts. She stated that potential risk to residents if they received expired medications could be not receiving the full therapeutic effect of medication. LVN B stated that expired wound dressing could reduce effectiveness of treating wounds. In an interview on 2/12/2026 at 1:36 p.m. with ADON B, he said he was trained on the facility's policy on medication storage annually and periodically throughout the year. He stated that each charge nurse and medication aides were responsible for cleaning each cart, checking for expired/discontinued medications and removing them from medication carts. He stated that DON and ADONs were auditing medication carts once a week. ADON B stated that when administered expired medication, it provided less therapeutic benefits for residents. In an interview on 2/12/2026 at 3:26 p.m. with the DON, she stated that she was trained on the facility's medication storage annually. She stated that staff was in-serviced throughout the year and on 02/11/2026 to check medication carts daily for any expired medications and remove from carts. She stated that expired medications if not administered could not harm residents in example of Systane lubricant eye drops for Resident #13. The DON stated that medications should be removed from the med carts if expired or discontinued to reduce risk of administering expired medication to residents. She stated that potentially if expired medications were administered to residents, it could reduce the therapeutic effect of medication to treat their medical conditions. In an interview on 2/12/2026 at 4:06 p.m. with ADM A, she said she did not have any training on medication storage, but all nursing staff were trained on medication storage and were supposed to verify medication expiration dates before administering medications and remove expired medications from the medication carts. She stated that DON, ADONs, charge nurses and medication aides were responsible for monitoring their medication carts for expiration dates and proper labeling medications. She stated that potentially if not properly labeled and provided expired medication to residents, it would not provide intended therapeutic effect to treat their medical conditions. Record review of Resident #13's face sheet, dated 2/12/2026, revealed a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnoses included acute embolism (clot traveling to block a blood vessel) and thrombosis (clot forming in a blood vessel) of left lower extremity, type 2 diabetes mellitus (a chronic metabolic disorder characterized by high blood sugar resulting from insulin resistance), and unspecified glaucoma (a group of eye diseases that (continued on next page)</p> |                                                                                                    |                                                 |

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                           | (X3) DATE SURVEY<br>COMPLETED<br><br>02/12/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Legend Oaks Healthcare and Rehabilitation - Waxaha                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>151 Country Meadows Boulevard<br>Waxahachie, TX 75165 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                 |
| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>damage the optic nerve-often due to high eye pressure-leading to permanent vision loss or blindness if untreated). Record review of Resident #13's None of the above MDS assessment, dated 02/16/2026, revealed Resident #13's BIMS score of 5 indicating severe cognitive impairment. Record review of Resident #13's Care Plan, created on 01/29/2025, reflected Resident #13 was at risk for impaired visual function related to Glaucoma with interventions to monitor/document/report to MD signs and symptoms of acute eye problems including blurred or hazy vision. Record review of Resident #13's active orders, dated 02/12/2026, revealed that Resident #13 did not have an active order for Systane lubricant eye drops. Record review of facility's In-Serviced Training Report, dated 02/11/2026, revealed training on removing expired medications and pills from medication carts. This in-service was reviewed and signed by 11 nurses including LVN B.</p> |                                                                                                    |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, included the open date for insulin for 1 (300-hall med cart) of 4 med carts reviewed for medication storage. The 300-hall nursing medication cart had an insulin pen labeled for Resident #39 and was not labeled with an open date. This deficient practice could place residents at risk of not receiving the intended therapeutic benefit of their medications and a decline in health status. Findings included: In an observation on 2/11/2026 at 10:18 a.m., the 300-hall nursing medication cart revealed an insulin pen with 100 units/ml for Resident #39 without open date information available. Record review of Resident #39's face sheet, dated 2/12/2026, revealed a 79-years-old male admitted on [DATE] and readmitted on [DATE]. Resident's #39's diagnoses included type 2 diabetes Mellitus (a chronic metabolic disorder characterized by high blood sugar resulting from insulin resistance), alcoholic fatty liver (the earliest, often asymptomatic, stage of alcohol-related liver disease, caused by fat accumulation in liver cells due to heavy drinking) and cognitive communication deficit. Record review of Resident #39's quarterly MDS assessment, dated 1/30/2026, revealed BIMS score of 13 indicating intact cognition. Record review of Resident #39's care plan, dated 12/12/2023, revealed Resident #39 had Diabetes Mellitus with Diabetes medication administered as ordered by doctor. Monitor/document for side effects and effectiveness. Record review of Resident #39's orders, revealed that Resident #39 had an active order, started on 01/09/2024, for Insulin Lispro Injection Solution (Insulin Lispro) Inject as per sliding scale: if 151 - 200 = 1u; 201 - 250 = 2units; 251 - 300 = 3units; 301 - 350 = 4units; 351 - 400 = 5units CALL Medical Doctor IF Blood Sugar OVER 400, subcutaneously before meals and at bedtime for HYPERGLYCEMIA (high blood sugar). In an interview on 2/11/2026 at 10:16 a.m., with LVN A, he said he received the medication storage in-service 2-3 months ago. He stated that each charge nurse or medication aide was responsible for checking their medication carts daily to make sure every medication was labeled correctly and expired medications removed from the cart. LVN A stated he was off for two days and did not clean the cart, but usually he did it every day. He stated that he did not give insulin to Resident #39 this morning as he did not require additional insulin on his sliding scale. He stated that this insulin pen was already on the cart when he started his shift this morning and he was not sure how long this pen was on the 300 Hall med cart. He stated that according to the facility policy insulin must be dated when opened and discarded after 28 days. He stated that unopened insulin was kept in the refrigerator in the medication room and brought to the cart just before it was ready to be opened. In an interview on 2/12/2026 at 1:36 p.m. with ADON B, he said he was trained on the facility's policy on medication storage annually and periodically throughout the year. He stated that each charge nurse and medication aides were responsible for cleaning each cart, checking for expired/discontinued medications and removing them from medication carts. He stated that DON and ADONs were auditing medication carts once a week. He stated that insulin should be dated immediately as it got on the nursing med carts. He stated that if not dated it would be hard to know when it was opened and expired 28 days after opening. ADON B stated that when administered expired medication, it provided less therapeutic benefits for residents. In an interview on 2/12/2026 at 3:26 p.m. with the DON, revealed she was trained in the facility's medication storage annually. She stated that staff was in-serviced throughout the year and on 02/11/2026 to check medication carts daily for any expired medications and remove from carts. She stated that unopened insulin pens should be refrigerated in medication rooms. She stated that once insulin was placed on nursing med carts and before opening, they should be labeled with open date and discarded after 28 days. She stated that potentially if expired medications were administered to residents, it could (continued on next page)</p> |                                                                                                    |                                                 |

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

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>reduce the therapeutic effect of medication to treat their medical conditions. In an interview on 2/12/2026 at 4:06 p.m. with ADM A, she said she did not have any training on medication storage, but all nursing staff were trained on medication storage and were supposed to verify medication expiration dates before administering medications and remove expired medications from the medication carts. She stated that DON, ADONs, charge nurses and medication aides were responsible for monitoring their medication carts for expiration dates and proper labeling medications. She stated that potentially if not properly labeled and provided expired medication to residents, it would not provide intended therapeutic effect to treat their medical conditions. Record review of facility's Preparation for Medication Administration policy, revised 11/13/2018, indicated that 3. Vials and Ampules of injectable medications. b. The date opened and the initials of the first person to use the vial and recorded on multidose vials) on the vial label or an accessory label affixed to that purpose. Record review of facility's In-Serviced Training Report, dated 02/11/2026, revealed training on removing expired medications and pills from medication carts. This in-service included information on insulin multi vials should be dated and discarded after 28 days reviewed and signed by 11 nurses including LVN A.</p> |                                                                                                    |                                                 |