STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676426	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - Fort W	4240 Golden Triangle Boulevard Keller, TX 76244

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen.The facility failed to ensure items were properly covered and labeled in the walk in fridge, and fans used in the kitchen were free of grease and dust. These failures could place residents at risk of foodborne illness. Findings included: Observation on 03/03/26 at 8:48 AM in the kitchen revealed that a floor fan near the sink was running and pointed towards the steam table. Grease and dust were accumulated on the front grille of the fan. Observation on 03/03/26 at 8:53 AM in the walk in refrigerator, revealed the following:- one medium sized square container not covered completely. The plastic wrap was labeled and dated pudding 2/28- one medium sized square container not covered completely, holding an unknown item that looked like cheese sauce. The plastic wrap was dated 3/2 and had no label. Interview on 03/03/26 at 8:53 AM, the Dietary Manager said the containers should be covered and labeled. The Dietary Manager proceeded to remove the containers from the refrigerator. Observation on 03/04/26 at 10:54 AM, revealed the same fan was observed near the sink running and pointed towards the steam table, with grease and dust accumulated on the front grille of the fanObservation on 03/04/26 at 10:59 AM, revealed another floor fan was observed near the dishwashing area, running and pointed towards the dish machine. Dust was accumulated on the front grille of the fan. Interview on 03/05/26 at 2:22 PM, the Dietary Manager stated opened food stored in the refrigerator should be completely covered to keep any contaminants out. She said the fans should be cleaned as needed. She said not cleaning the fans could cause contaminants to blow into the food. She stated the risk would be food borne illnesses. Interview on 03/05/26 at 4:02 PM, the Administrator stated opened food stored in the refrigerator should be covered and labeled. She said the fans should be cleaned as needed. She said the risk would be cross contamination. Record review of the facility policy titled Infection Control Policy / Procedure revised 05/2010, revealed It is the policy of this facility to promote a sanitary environment.Thorough scrubbing will be used for all environmental surfaces that are being cleaned.Record review of the facility Meals and Food policy, dated June 2017, reflected: .8. Food purchased, stored, and served in this facility is labeled and dated according to all applicable food service regulations.Record review of the U.S. FDA Food Code 2022 reflected: Section 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by:(1) Except as specified in (1)(d) below or when combined as ingredients, separating raw animal FOODS during storage, preparation, holding, and display from:(a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as fruits and vegetables, (b) Cooked READY-TO-EAT FOOD,. and Section 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; .

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to dispose of garbage and refuse properly for 2 of 2 dumpsters. (Dumpsters #1 and #2).1. The facility failed to ensure the lids and doors were completely shut on both dumpsters. 2. The facility failed to ensure trash, including used incontinent briefs and other garbage was not near dumpster #1.These failures could place residents at risk of an unsanitary environment and could attract pests, rodents and other animals. Findings included:Observation of the dumpster area on 03/03/26 at 8:58 AM revealed the following:- doors open on dumpster #1 and #2 exposing trash, - the lids on both dumpsters were open,- a clear trash bag with soiled incontinent briefs and other trash was lying partially underneath dumpster #1.Interview on 03/03/26 at 8:58 AM, the Dietary Manager stated the doors and lids should be closed, and trash picked up to keep rodents and bugs away. Interview on 03/03/26 at 2:16 PM, the Corporate Nurse stated she spoke with the Maintenance Supervisor who said he and housekeeping were responsible for maintaining the areas around the dumpster. She said the reason the trash bag was lying there was because the container was on top of it. She said the doors and lids should be closed. Interview on 03/05/26 at 4:02 PM, the Administrator stated the trash should be picked up and doors and lids closed on the dumpsters. The Administrator stated the facility did not have a policy for outside garbage and refuse disposal.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews, the facility failed to ensure resident medical records were kept in accordance with accepted professional standards and practices, maintaining medical records on each resident that are complete and accurately documented for 1 of 6 (Resident #3) residents reviewed for clinical records.The facility failed to ensure Resident #3's TAR accurately indicated treatment provided or refusals on 01/06/26, 01/10/26, 01/20/26, 01/22/26, 01/24/26, and 01/27/26. This failure could place residents at risk of not receiving treatments and inaccuracy of their medical records. Findings included:Record review of Resident #3's Quarterly MDS assessment, dated 05/05/25, revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #3's diagnoses included Diabetes Mellitus (a disease that occurs when the body does not respond properly to insulin leading to high blood sugar levels), Peripheral vascular disease (slow and progressive circulation disorder caused by narrowing, blockage or spasms in a blood vessel), and Cerebrovascular Accident (stroke). Resident #3's BIMS score was 15, indicating intact cognition.Record review of Resident #3's care plan revealed the following: - Has nutritional problem or potential nutritional problem r/t non-pressure chronic ulcer to left ankle, overweight, DMII, date initiated 10/03/24- Resistive to care r/t [family member] impedes care, date initiated 06/10/25- Has Diabetic Ulcer to left Achilles tendon r/t Vascular insufficiency, date initiated 08/19/25Record review of Resident #3's January 2025 TAR revealed blanks for 01/06/26, 01/10/26 and 01/20/26 for the following treatment:- Cleanse Venous wound to left Achilles tendon with Vasha (wound cleanser), pat dry, Alginate calcium with Silver apply once daily, dress with gauze, Kling and Coban (types of self-adhering wraps) compression change every 48 hours and as needed; if saturated, soiled or dislodged. Every 48 hours for wound healing - Start date 07/30/25 - DC date 01/21/26. Further review of Resident #3's January 2025 TAR revealed blanks for 01/22/26, 01/24/26 and 01/27/26 for the following treatments:- Cleanse Venous wound to left Achilles tendon with Vasha, then pat dry, apply collagen sheet and cover with dry dressing three times a week and PRN if dressing become soiled or dislodged until further instructions every day shift every Tue, Thu, Sat for wound healing -Start Date- 01/22/2026 - D/C Date- 01/29/2026. - Diabetic Ulcer to R Great toe: cleanse with Vasha then pat dry apply collagen sheet and cover with dry dressing three times a week and PRN if dressing become soiled or dislodged until further instructions every day shift every Tue, Th, Sat for wound healing - Start date 01/22/26 D/C date 01/29/26.Observation and interview on 03/03/26 at 10:57 AM revealed Resident #3 appeared well groomed and dressed and was sitting up in his wheelchair. Resident #3 had a heel protector on the right heel. He stated dressings had not been changed every other day in January . Interview on 03/05/26 at 12:10 PM, the DON stated the wound care nurse was responsible for wound care and if she was not there the nurse on the floor was responsible. She stated the previous wound care nurse was no longer employed at the facility. A telephone interview was attempted on 03/05/26 at 12:18 PM with LVN D, but the attempt was unsuccessful. Interview on 03/05/26 at 12:20 PM, RN B stated if there was no wound care nurse, she would do wound care. She stated the first shift nurse did Bed A, and the second shift nurse did Bed B. She said when a treatment was done it was supposed to be marked off on the TAR. She stated if there was a blank it could mean the nurse forgot or the treatment could have been missed. She said it was important to document treatment was administered to show it was done. Interview on 03/05/26 at 2:01 PM, by phone with LVN E, revealed she had worked on 01/22/26 and did provide the wound treatment for Resident #3. She stated she had worked on that hall on 01/27/26 and remembered that Resident #3 had refused the dressing change on one of the Tuesdays she worked but did not remember what date. She said it was supposed to be signed off, but sometimes they (staff) do forget. She stated she was supposed to document refusals. Interview on 03/05/26 at 4:02 PM, the Administrator stated she (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	expected staff to sign off on the TAR to validate the treatment was given. She stated she expected staff to document if residents refused care. She stated the risk would be not knowing if the treatment was given or not. Interview on 03/05/26 at 4:19 PM, the DON stated the TAR should have been signed off for wound care and if a resident refused it should be documented. She stated the risk would be that the resident did not get wound care and inaccuracy of records. Record review of the facility's policy titled Recording and Maintenance of MAR dated July 2017, reflected: .Procedure: .8. The resident's MAR is initialed by the person administering the medication in the space provided under the date and on the line for that specific medication. Initials on the MAR are verified with a full signature on the signature sheet (or, if electronic, per facility policy for electronic MARs and Signatures).9. If a dose of regularly scheduled medication is refused by the resident, the initials of the person attempting administration will be circled and the reason for refusal will be documented on the backside of the MAR (or, if electronic, per facility policy for annotation of refusals).

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement comprehensive person-centered care plans for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 5 residents (Resident #4) reviewed for comprehensive care plans.The facility failed to develop a care plan for Resident #4's indwelling catheter.These failures placed residents at risk of infections and not receiving appropriate care.Findings included:Record review of Resident #4's MDS assessment, dated 01/07/26, reflected an [AGE] year-old male, admitted to the facility on [DATE] and readmitted on [DATE]. Resident #4 had a BIMS score of 15 indicating his cognition was intact. Resident #4 required supervision or touching assistance with toileting. Resident #4's diagnoses included Benign Prostatic Hyperplasia without lower urinary tract (enlarged prostate) symptoms, Diabetes Mellitus (high blood sugar), anxiety disorder (feelings of fear, dread, or apprehension), bipolar disorder (significant mood swings), and depression (persistent feelings of sadness). Resident #4's assessment did not include the use of a catheter. Record review of Resident #4's undated care plan reflected no use of or care for Resident #4 having an indwelling catheter. Record review of Resident #4's order summary report did not reflect an order for the use of or care for an indwelling catheter.Observation and interview on 03/03/26 at 10:13 AM, Resident #4's catheter bag was hanging low attached to his wheelchair. Resident #4 stated the communication stinks, I have to ask the aides to check my catheter, they will not check it on their own. Resident #4 further expressed he usually emptied the catheter on his own, without the assistance of facility staff. According to Resident #4 he has not had any complications of irritation, burning or pulling with the use of the catheter.Observation and interview on 03/05/26 at 11:46 AM with RN C revealed Resident #4 lying in bed, and his catheter was hanging low on his wheelchair. Resident #4's catheter was securely strapped to his right leg. RN C reported she was aware Resident #4 had a catheter. According to RN C, care plans were generated upon admission so that nursing staff were able to provide adequate care. RN C stated care plans were updated by the MDS Coordinator.Interview on 03/05/26 at 1:27 PM, the ADON revealed she had been notified by RN C that Resident #4's care plan was not updated with his use or care for a catheter. The ADON stated Resident #4's care plan should have been updated by either the ADON, DON or the MDS Coordinator when there are changes in his condition. The ADON stated the care plan included important information for use and care, without it Resident #4 was at risk for improper care and infection. Interview on 03/05/26 at 1:54 PM, the DON revealed she was unaware Resident #4 did not have his care plan updated with his catheter use or care. The DON stated MDS Coordinators were responsible for ensuring that all resident care areas were entered upon admission. The DON stated Resident #4 not having an updated care plan placed Resident #4 at risk of infection and improper care for his catheter.Interview on 03/05/26 at 4:48 PM, the MDS Coordinator revealed she was not aware that Resident #4's care plan did not include his use of a catheter. The MDS Coordinator said Resident #4 had recently been out to the hospital, (unsure of the dates) with the catheter. The MDS Coordinator stated nurses were responsible for ensuring the order was entered so the care plan could reflect proper care for residents. The MDS Coordinator said the purpose of the care plan was to notify all staff of resident's care needs. The MDS Coordinator said if something was missing from the resident's care plan, it placed residents at risk and there could be miscommunication regarding the resident's care. Record review of the facility's Care Plans, Comprehensive Person-Centered policy, revised January 2022, reflected: It is the policy of this facility that the interdisciplinary team shall develop a comprehensive person-centered care plan for each resident that includes measurable objective and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident who is incontinent of bladder received appropriate treatment and services to prevent urinary tract infections based on the resident's comprehensive assessment for 1 of 3 residents (Resident #4) reviewed for urine incontinence/catheters. The facility failed to ensure Resident #4 had a physician order for the use and care of an indwelling catheter. This failure could place residents with catheters at risk of not receiving proper care and infections. Findings included: Record review of Resident #4's MDS assessment, dated 01/07/26, reflected an [AGE] year-old male, admitted to the facility on [DATE] and readmitted on [DATE]. Resident #4 had a BIMS score of 15 indicating his cognition was intact. Resident #4 required supervision or touching assistance with toileting. Resident #4's diagnoses included Benign Prostatic Hyperplasia without lower urinary tract (enlarged prostate) symptoms, Diabetes Mellitus (high blood sugar), anxiety disorder (feelings of fear, dread, or apprehension), bipolar disorder (significant mood swings), and depression (persistent feelings of sadness). Resident #4's assessment did not include the use of a catheter. Record review of Resident #4's undated care plan reflected no use of or care for Resident #4 having an indwelling catheter. Record review of Resident #4's order summary report did not reflect an order for the use of or care for an indwelling catheter.Observation and interview on 03/03/26 at 10:13 AM, Resident #4's catheter bag was hanging low attached to his wheelchair. Resident #4 stated the communication stinks, I have to ask the aides to check my catheter, they will not check it on their own. Resident #4 further expressed he usually emptied the catheter on his own, without the assistance of facility staff. According to Resident #4 he has not had any complications of irritation, burning or pulling with the use of the catheter.Interview and observation on 03/05/26 at 11:46 AM with RN C revealed Resident #4 laying in bed, with the catheter hanging low on his wheelchair. Resident #4's catheter was securely strapped to his right leg. RN C reported she was aware Resident #4 had a catheter; however, she could not identify what size catheter was used. Resident #4 was able to share that he used a French 18. RN C stated aides were responsible for emptying Resident #4's catheter and nurses were responsible for ensuring proper care was provided. Interview on 03/05/2026 at 1:19 PM, RN C revealed during her record review she could not locate an order for Resident #4's catheter use, or care. RN C stated the admitting nurse was responsible to ensure all orders pertaining to Resident #4's catheter use and care were entered. RN C stated not having orders placed Resident #4 at risk of not receiving proper care. Interview on 03/05/26 at 1:27 PM, the ADON revealed she had been notified by RN C that Resident #4 was without catheter orders. The ADON stated Resident #4 had been out in the hospital, and Resident #4's orders should have been entered by the admitting nurse upon his return. The ADON stated they must have orders for use and care, and without the orders Resident #4 was at risk of improper care and infection. Interview on 03/05/26 at 1:54 PM, the DON revealed she was unaware Resident #4 did not have orders for his catheter use or care. The DON stated nurses were responsible for ensuring that all resident orders were entered upon admission. The DON stated Resident #4 not having orders placed him at risk of infection and improper care for his catheter. Record review of the facility's Indwelling Urinary Catheters policy, revised September 2022, reflected: It is the policy of this facility that each resident with an indwelling catheter will receive catheter care to promote hygiene, comfort and decrease the risk of infection.The Attending Physician, Resident, Responsible Party and Nursing will discuss the need for urinary drainage via a catheter. Diagnosis will be obtained and entered into the resident's record. The resident and/or resident's responsible party will be notified of the risk and benefits of a urinary catheter.Orders will be obtained for catheter size, care, monitoring, and when to change the catheter and drainage system.The catheter will be monitored with care given. Catheters will be changed per the physician's order.Leg straps or other devices will be used to support the catheter to prevent pulling on the urethra.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents who needed respiratory care were provided such care, consistent with professional standards of practice for 1 of 3 residents (Resident #83) reviewed for respiratory care. The facility failed to ensure Resident #83 had a physician order for oxygen treatment. This deficient practice could affect residents who received oxygen therapy from receiving inadequate oxygen support.Findings included:Record review of Resident #83's MDS dated [DATE] reflected the resident was a [AGE] year-old female admitted to the facility on [DATE] and readmitted [DATE]. Resident #83 had a BIMS of 15 indicating her cognition was intact. Her diagnoses included heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), hypertension (high blood pressure), and chronic obstructive pulmonary disease (progressive lung disease that makes it difficult to breathe). Resident #83 had shortness of breath or trouble breathing when lying flat, however, no indication for use of oxygen .Record review of Resident #83's clinical record reflected there were no physician orders for Resident #83's use of supplemental oxygen. Record review of Resident #83's care plan revealed Resident #83 had COPD (Chronic Obstructive Pulmonary Disease) with potential for Respiratory Decline. Goal: Resident #83 Will display optimal breathing pattern daily. Interventions included Give oxygen therapy as ordered by the physician - resident refuses humidification bottle, Monitor for signs and symptoms of acute respiratory insufficiency: Anxiety, Confusion, Restlessness, Shortness of Breath at rest. Monitor/document/report to physician as needed any signs and symptoms of respiratory infection: Fever, Chills, increase in sputum (thick, slippery fluid produced by the respiratory tract) (document the amount, color, and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing, and wheezing.Observation and interview on 03/03/26 at 12:06 PM of Resident #83 revealed she was sitting in her room in a wheelchair. Resident #83 had her nasal cannula in place which was connected to a portable oxygen tank. Resident #83 stated she required the use of the oxygen for some time, and she was on 2 liters of oxygen continuously.Interview on 03/05/26 at 11:45 AM, RN C revealed Resident #83 was on 2 liters of oxygen continuously, and when asked to confirm by the order, RN C stated she was not able to locate the physician order for the oxygen. RN C stated Resident #83 was discharged from the hospital, and the order may have been deleted. RN C stated once Resident #83 returned the admitting nurse was responsible for ensuring Resident #83's use of oxygen was entered. RN C further stated not having an order for the oxygen placed Resident #83 at risk of being administered the incorrect amount of oxygen. Interview on 03/05/2026 at 1:27 PM, the DON revealed she was not aware of Resident #83 not having current oxygen orders. The DON stated it was the responsibility of the admitting nurse to ensure that all orders are entered during admission to the facility. The DON stated it was a group effort of all nursing department heads to ensure all orders were current and updated. The DON stated that not reviewing physician orders for accuracy placed residents at risk of missing treatments or administrating the incorrect amounts of treatment. Record review of the facility's Physician Orders policy, revised May 2007, reflected: It is the policy of this facility that drugs and treatments shall be administered/carried out upon the order of a person duly licensed and authorized to prescribe such drugs and treatments. Orders for medications must include:A. Name and strength of the drug.B. Quantity or specific duration of therapy.C. Dosage and frequency of administration.D. Route of administration if other than oral; and E. Reason or problem for which given.

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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. 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 each resident for 1 of 2 medication rooms (Station 2 medication room) reviewed for pharmacy services. The facility failed to remove expired medications from the Station 2 Medication Room, which included Famotidine, with an expiration date of 02/25, and Benzocaine 20% and Glucosamine, with an expiration date of 01/26. This failure could place residents at risk of receiving medications that were ineffective.Findings included: Observation on 03/04/26 at 12:36 PM of the Station 2 medication room with the ADON revealed 2 boxes of Famotidine 10 mg (medication to reduce stomach acid) with an expiration date of 02/25, Benzocaine 20% (topical numbing medication) with an expiration date of 01/26, and Glucosamine 500 mg (dietary supplement used to support joint health) with an expiration date of 01/26. Observation and interview on 03/04/26 at 12:46 PM revealed the ADON opened the boxes of Famotidine to confirm the expiration date. The ADON stated the Famotidine had an expiration date of 02/25, and the Benzocaine and Glucosamine had an expiration date of 01/26. The ADON stated it was her responsibility to ensure there were no expired medications in the storage rooms. The ADON stated she was new to the facility and started on 02/05/26. She stated central supply checked weekly when medications were stocked and the nurses were expected to check the medication room when they pulled medications. The ADON stated she was expected to conduct weekly audits to ensure there were no expired medications but had not done that yet. The ADON stated the risk of having expired medications was residents could receive the medication and not receive the full benefit. Interview on 03/05/26 at 9:50 AM, the DON revealed she expected the ADON to check the medication rooms weekly for expired medications. She stated the ADON was still new, so it was her responsibility to check the medication rooms as well. She stated it was also Central Supply's responsibility to check for expired medications when she was restocking. The DON stated there was a position open for Central supply since 01/26. She stated the previous Central Supply changed to a PRN CNA [CNA A] but still assisted with restocking the medication rooms. She stated the nurses were only responsible for reviewing expired medications on their cart and when administering any medications. The DON stated the nurses were not expected to review the medication rooms for expired medications. The DON stated the risk of having expired medications in the storage rooms was they could be administered to residents and cause an adverse reaction. Interview on 03/05/26 at 1:12 PM, CNA A revealed she was Central Supply until 01/23/26 when she changed to a CNA PRN. She stated she did still assist with restocking the medication rooms. CNA A stated every Thursday she and a nurse would restock the medication rooms and do spot checks for expired medications. She stated the last time it was completed was on 02/26/26. CNA A stated she was unable to recall what nurse was with her, but it could have been the ADON. CNA A stated the medication room gets rearranged frequently and she must have missed the expired medications. She stated the risk of having expired medications in the medication room was they could be administered and make the residents sick. Interview on 03/05/26 at 1:38 PM, RN B revealed it was the ADON and DON who checked the medication rooms for expired medications. RN B stated she was expected to review her medication cart and medications prior to administration for their expiration date. She stated it was the ADON and DON's responsibility to ensure there were no expired medications in the medication rooms. RN B stated the risk of having expired medications was that they could be administered to the residents and it could be ineffective or cause a reaction. Interview on 03/05/26 at 1:42 PM, the Administrator revealed she expected the medication rooms to be reviewed for expired medications weekly when the rooms were restocked. She stated the nurses were also responsible for checking the rooms when they pulled medications. She stated Central Supply usually did the storage rooms restocking, but CNA A was assisting until the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676426	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - Fort W	4240 Golden Triangle Boulevard Keller, TX 76244

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	position was refilled. The Administrator stated it was all nurses and central supply's responsibility for ensuring there were no expired medications; however, the DON was overall responsible. The Administrator stated the risk of having expired medication in the storage rooms was they could be administered to residents and be less effective. Record review of the facility's Medication Access and Storage/Drug Destruction policy, revised 07/23, reflected the following: .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.