STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676438	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Killeen Nursing & Rehabilitation	5000 Thayer Dr Killeen, TX 76549

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	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored properly for 1 of 4 medication carts, and 1of 2 medication rooms reviewed for medication storage. The facility failed to ensure the medication cart located at nursing station 2 did not contain loose pills and a cup with a pill. The facility failed to ensure an expired cartridge of Humalog, best by 12/25/2024, was removed from the med room [ROOM NUMBER] refrigerator. These failures could place residents at risk for not receiving prescribed medications as ordered and adverse effects of medications due to incorrect labeling.The findings included:On 03/05/26 at 1:02 PM an observation of the medication rooms refrigerator revealed an expired Humalog 100 units/ML cartridge. Dated 12/26/24 for a Resident #1.Record review of Resident #1's face sheet dated 3/6/2026 reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] and readmission 6/17/2025 with diagnoses of major depressive disorder, recurrent, mild (someone who experiences distinct, repeated episodes of depression, but with fewer and less severe symptoms than moderate or severe cases, significantly impacting life but without full incapacitation, and with no history of manic or hypomanic episodes), mixed hyperlipidemia (high levels of both cholesterol (especially LDL) and triglycerides in your blood), polyneuropathy, unspecified (damage affecting multiple peripheral nerves (outside the brain and spinal cord) where the specific underlying cause isn't identified or documented), gout, unspecified (the specific type or location isn't documented, but it's a painful inflammatory arthritis from uric acid crystal buildup in joints, causing sudden swelling, redness, and intense pain), disorder or muscle, unspecified (a medical classification for a muscle condition when the specific type isn't known, but it generally involves symptoms like weakness, pain, cramps, or stiffness, affecting the muscles' ability to function properly due to underlying issues with muscle fibers, nerves, or their connection). Review of Resident #1's Quarterly MDS, dated [DATE], reflected the residents had a BIMS score of 14, which indicated she cognitively intact. Resident #1 required partial/moderate assistance (helper does less than half the effort) with personal hygiene, lower body dressing, transfers, bed mobility, and toileting hygiene. She was dependent on staff for showers.Review of Resident #1's Comprehensive Care Plan, with revision date of 12/29/2025 reflected Resident # 1 required one staff assistance with bathing, dressing, grooming and hygiene.Observation and interview on 12/29/2025 at 10:45 AM, revealed Resident #1 was in her room lying in bed. Resident #1 stated she received her medication and has not missed a dose. She mentioned she is now taking Ozempic which she is glad because it is also assisting in her losing weight oppose to the other diabetic medication, they had her on. She did not remember the name of the medication.On 03/05/26 at 1:40 PM an observation and interview of the medication cart on pod 2 revealed two loose pills at the bottom drawer of the medication cart along with a cup that contained a single unknown pill. The DON stated she did not know what the pill was and why it was left there but proceeded to discard the medications.During an interview on 3/6/2026 at 1:35 PM, ADON A stated ADON A on pod 2 was responsible for making sure expired medications were discarded. He stated there was a discard box located in both medication rooms. If a resident was discharged or the (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications were expired, they were discarded in the box. The narcotics were given to the DON, and she has a lock box in her office, and they place them in there. The pharmacy consultant comes once a month, and they destroy the narcotics. ADON A stated if a resident was given an expired medication they could have no reaction, or it would do what it was designed to do. He stated it can have an adverse rection that can cause an allergic reaction or lead to anaphylactic shock, which they will use an EpiPen to reverse the action. ADON A stated his expectations from his nurses and medication aides was to ensure medications were discarded when expired. They were supposed to discard it in the box with the red bag in the medication room. When the resident discharge or expire, they were responsible for discarding the medication also. ADON A stated he does not know why the medication was in the cart in a cup with no name or the loose pills were in the cart. He stated he was not covering that area, so he was unsure. He stated if the medication was not given, it should come up in the electronic health records as not had been given and they can become sick.During an interview on 3/6/2026 at 1:55 PM, the DON stated it was the responsibility of the nurses and medication aides to make sure expired medications were thrown away. She stated the medication aides were supposed to audit their medication carts to ensure the medicines were up to date, the OTC were up to date, and nurses do a count behind them. The nursing staff and the pharmacy consultant did an audit together. The DON stated the blister packs, discharged residents and expired medication go in there were placed in the red destruction box in the medication room. The DON said the Narcotics go into the DON office to be destroyed. The pharmacy consultant comes, and they do destruction together. She stated that if the expired medication was given to a resident, it could have an adverse reaction such as, they could get sick. Also, if it was expired it was not treating what needs to be treated. The DON stated her expectations from her nurses and medication aides was to audit their carts to ensure medication was discarded when expired. She stated they do share their carts but when the cart was in their possession make sure it was cluttered free, and the expired medication was taken out. The DON stated the Humalog medication should have been discarded because the residents do not use Humalog 100 ML medication anymore. The resident was currently taking Ozempic. The DON stated staff should not keep medication in the cart in a cup with no label on it or have loose pills in the cart. She stated the only reason she can think of was the staff went to give the medication; they did not see the residents and were going to go back and try to give it later. The DON stated if the medication was not given, it would be based on what the medication was used for. For example, if it was blood pressure medication, their BP can be elevated. Best practice was for the residents to receive their medication.During an interview on 3/6/2026 at 2:30 PM, Med Aide A stated it was the responsibility of the med aid and the nurses to throw away the expired medication. He stated the expired OTC medication and any medication he passed out was to be discarded in the bin in the medication room. Med Aide A said if an expired medication was given to a resident, they can have effects from the medication. He stated he did not see the medication in the cup. He stated he does not know whose medication it was. Med Aide A stated everyone should receive their medication. He stated he was not blaming anyone, but he figured the medication was left from the night shift. He stated if he saw loose medication or the medication in the cup, he would have asked the night nurse immediately and would have been advised he should destroy it because you do not know what the medication was or who it was for. He stated when he started his shift, no one had an alert they hadn't received their medication. Med Aide A stated what could happen if the resident does not receive their medication would be based on the medication and the adverse reaction they could have.Record review of the facility-provided policy titled, Medication Labeling and Storage; revised February 2023 revealed:Medication Labeling and StorageThe facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have keys.2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instruction regarding returning or (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	destroying these items.Medication Labeling5. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifics a shorter or longer date for the open vial.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored properly for 1 of 4 medication carts, and 1of 2 medication rooms reviewed for medication storage. The facility failed to ensure the medication cart located at nursing station 2 did not contain a cup with a pill. The facility failed to ensure an expired cartridge of Humalog, best by 12/25/2024, was removed from the med room [ROOM NUMBER] refrigerator. These failures could place residents at risk for not receiving prescribed medications as ordered and adverse effects of medications due to incorrect labeling.The findings included:On 03/05/26 at 1:02 PM an observation of the medication rooms refrigerator revealed an expired Humalog 100 units/ML cartridge. Dated 12/26/24 for a Resident #1.Record review of Resident #1's face sheet dated 3/6/2026 reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] and readmission 6/17/2025 with diagnoses of major depressive disorder, recurrent, mild (someone who experiences distinct, repeated episodes of depression, but with fewer and less severe symptoms than moderate or severe cases, significantly impacting life but without full incapacitation, and with no history of manic or hypomanic episodes), mixed hyperlipidemia (high levels of both cholesterol (especially LDL) and triglycerides in your blood), polyneuropathy, unspecified (damage affecting multiple peripheral nerves (outside the brain and spinal cord) where the specific underlying cause isn't identified or documented), gout, unspecified (the specific type or location isn't documented, but it's a painful inflammatory arthritis from uric acid crystal buildup in joints, causing sudden swelling, redness, and intense pain), disorder or muscle, unspecified (a medical classification for a muscle condition when the specific type isn't known, but it generally involves symptoms like weakness, pain, cramps, or stiffness, affecting the muscles' ability to function properly due to underlying issues with muscle fibers, nerves, or their connection). Review of Resident #1's Quarterly MDS, dated [DATE], reflected the residents had a BIMS score of 14, which indicated she cognitively intact. Resident #1 required partial/moderate assistance (helper does less than half the effort) with personal hygiene, lower body dressing, transfers, bed mobility, and toileting hygiene. She was dependent on staff for showers.Review of Resident #1's Comprehensive Care Plan, with revision date of 12/29/2025 reflected Resident # 1 required one staff assistance with bathing, dressing, grooming and hygiene.Observation and interview on 12/29/2025 at 10:45 AM, revealed Resident #1 was in her room lying in bed. Resident #1 stated she received her medication and has not missed a dose. She mentioned she is now taking Ozempic which she is glad because it is also assisting in her losing weight oppose to the other diabetic medication, they had her on. She did not remember the name of the medication.On 03/05/26 at 1:40 PM an observation and interview of the medication cart on pod 2 revealed two loose pills at the bottom drawer of the medication cart along with a cup that contained a single unknown pill. The DON stated she did not know what the pill was and why it was left there but proceeded to discard the medications.During an interview on 3/6/2026 at 1:35 PM, ADON A stated ADON A on pod 2 was responsible for making sure expired medications were discarded. He stated there was a discard box located in both medication rooms. If a resident was discharged or the medications were expired, they were discarded in the box. The narcotics were given to the DON, and she has a lock box in her office, and they place them in there. The pharmacy consultant comes once a month, and they destroy the narcotics. ADON A stated if a resident was given an expired medication they could have no reaction, or it would do what it was designed to do. He stated it can have an adverse rection that can cause an allergic reaction or lead to anaphylactic shock, which they will use an EpiPen to reverse the action. ADON A stated his expectations from his nurses and medication aides was to ensure medications were discarded when expired. They were supposed to discard it in the box with the red bag in the (continued on next page)

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