

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2026
NAME OF PROVIDER OR SUPPLIER Rose Trail Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 930 S Baxter Tyler, TX 75701	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2026
NAME OF PROVIDER OR SUPPLIER Rose Trail Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 930 S Baxter Tyler, TX 75701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident's right to personal privacy and confidentiality of his or her personal and medical records for 10 (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) of 13 residents reviewed for privacy and confidentiality. 1. The facility failed to ensure the care plan for Residents #1, #2, #5 and #6 was not left in the public survey binder in the lobby of the facility. 2. The facility failed to ensure the PIR that contained the SSN and PHI of Residents #3 and #4 was not left in the public survey binder in the lobby of the facility. 3. The facility failed to ensure that the Resident Identifier sheet and corresponding survey containing PHI of Residents #7, #8, #9, and #10 were not left in the public survey binder in the lobby of the facility. These failures could place the residents at risk of their medical information being exposed to unauthorized individuals. Findings included: Record review of Resident #1's Face Sheet, dated 12/31/2025, reflected a [AGE] year old female, admitted on [DATE]. The resident was diagnosed with dementia (a decline in mental ability affecting memory, thinking, language and judgement) and schizoaffective disorder, unspecified (delusions and disorganized thinking). Record review of Resident #2's Face Sheet, dated 12/31/2025, reflected a [AGE] year old female admitted on [DATE]. The resident was diagnosed with acute respiratory failure with hypoxia (when the lungs cannot get enough oxygen), acute kidney failure (sudden loss of kidney function), and atrial fibrillation (rapid, irregular heartbeat). Record review of Resident #3's Face Sheet, dated 12/31/2025, reflected a [AGE] year old female admitted on [DATE]. The resident was diagnosed with cerebral palsy (permanent brain damage causing movement, muscle control, posture and balance). Record review of Resident #4's Face Sheet, dated 12/31/2025, reflected a [AGE] year old female admitted on [DATE]. The resident was diagnosed with systemic Lupus Erythematosus (an autoimmune disease where the immune system attacks itself). Record review of Resident #5's Face Sheet, dated 12/31/2025, reflected a [AGE] year old male admitted on [DATE]. The resident was diagnosed with diffuse traumatic brain injury with loss of consciousness greater than 24 hours without returning to pre-existing conscious level with patient surviving sequela (extensive brain disruption with lasting deficits), and heart failure. Record review of Resident #6's Face Sheet, dated 12/31/2025, reflected a [AGE] year old male admitted on [DATE]. The resident was diagnosed with unspecified injury at unspecified level of cervical spinal cord subsequent encounter (spinal cord injury of unknown origin and location). Record review of Resident #7's Face Sheet, dated 12/31/2025, reflected a [AGE] year old male admitted on [DATE]. The resident was diagnosed with autistic disorder (developmental condition affecting communication, social interactions, and behaviors). Record review of Resident #8's Face Sheet, dated 12/31/2025, reflected a [AGE] year old male admitted on [DATE]. The resident was diagnosed with anoxic brain injury (brain injury caused by a lack of oxygen). Record review of Resident #9's Face Sheet, dated 12/31/2025, reflected a [AGE] year old male admitted on [DATE]. The resident was diagnosed with quadriplegia (paralysis of all four limbs). Record review of Resident #10's Face Sheet, dated 12/31/2025, reflected a [AGE] year old female admitted on [DATE]. The resident was diagnosed with Type 2 diabetes mellitus with diabetic neuropathy (high blood sugar that has caused nerve damage). Observation on 12/31/2025 at 10:00 a.m. of the public survey binder in the foyer of the facility revealed care plans for Residents #1, #2, #5 and #6 including PHI such as SSN, health diagnoses and treatments they were receiving. This observation further revealed the PIR dated 7/2025 submitted by the facility which showed PHI of Residents #3 and #4 including their names, SSN, Medicaid and Medicare numbers as well as health diagnoses. This binder also included a resident identifier sheet with a list of resident names and numbered identifiers as well as the survey for that identifier sheet with PHI in the survey. During an interview with the administrator on 12/31/2025 at 10:25 a.m., she stated the survey binders were kept in the lobby for anyone who was interested to see what tags were written at the facility and the facility's accepted plan of correction. She stated the only thing that should have been in the binder was the tag and plan of correction. She stated a resident's care plan should not have been in the binder as that was protected health information with diagnoses, treatment and other personal information that should not have been readily available to the public. She stated that the PIR should also not have been in the binder as it contained PHI. She stated that it was her and all staff's responsibility to ensure that PHI was protected from any unauthorized people. She stated she did not know who placed the care plans, PIR, and resident identifier sheets in the binder but those documents did not belong in the public binder. During an interview with the DON on 1/2/2026 at 2:00 p.m.</p>		