| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455934 | A. Building<br>B. Wing | 05/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Northern Oaks Living & Rehabilitation Center | 2722 Old Anson Rd<br>Abilene, TX 79603 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to immediately inform the residents' representative about a significant change in the resident's physical status for 1 of 5 (Resident #1) of 5 residents reviewed for representative notification.The facility failed to notify Resident #1's Representative of a significant change on [DATE]. This failure could place residents at risk of not having their change of condition communicated to their physician, delay of treatment, and a decline in the residents' health and well-being.Findings include:Record review of Resident #1's electronic face sheet dated 05.05.2026 revealed a [AGE] year-old male admitted on 04.22.2026 with diagnoses that included: Type 2 Diabetes Mellitus (chronic high blood sugars) with foot ulcer (open wound), End Stage Renal Disease (kidney failure), Dependence on Renal Dialysis (lifesaving medical procedure), and Heart Failure. Record review of Resident #1's Medicare Part-A MDS dated 04.27.2026 revealed: Section C-Cognitive Patterns Resident #1 had a BIMS score of 13, meaning cognitively intact. Record review of Resident #1's Physician orders dated 05.01.2025 revealed: Full Code: Use AED (Automated External Defibrillator) with CPR during sudden cardiac arrest. Record review of Resident #1's Care Plan dated 04.22.2026 addressed: needs hemodialysis related to end state renal disease. Record review of Resident #1's electronic medical record reviewed on [DATE] at 4:30 pm revealed no evidence that Resident #1's Representative was contacted on [DATE] by the facility of Resident # 1 requiring CPR or expiring in the facility. Record review of Resident #1's progress notes documented by LVN dated [DATE] at 9:45 PM revealed: Upon entering residents room resident was in bed with eyes opened but did not respond to verbal stimuli resident noted to have no pulse no respirations this nurse called the code and all available staff came in to assist. CPR initiated and continued for 20 minutes until EMS arrived. CPR was continued by EMS until it was decided to discontinue per EMT. Postmortem care provided by staff and resident moved to a private room to allow privacy for resident and family. Officer {Name} informed this nurse that another officer was on their way to notify the family. Physician notified and DON notified.During an interview on [DATE] at 2:04 PM Resident #1's Family Representative stated they had seen Resident #1 that morning and he was not short of breath, that he just looked tired. Resident #1's Family Representative stated he answered all his questions appropriately and did not seem disoriented. Resident #1's Family Representative stated no one called when they were doing CPR. Resident #1's Family Representative stated a police officer came to the house and told them and Resident #1 Family Representative passed after having CPR. Resident #1's Family Representative stated they came to visit regularly and did not notice him being short of breath or confused. Resident #1's Family Representative stated Resident #1 had been in the hospital about 2 weeks and had started dialysis in the hospital before being admitted to the nursing home. Resident #1's Family Representative stated that the facility had not notified them that Resident #1 had passed away. During an interview on 05.05.2026 at 5:35 pm the DON stated the nurse should have called to notify the family of CPR and death. The DON stated it was not the law enforcement's responsibility to notify the family. She stated she did not know why the nurse did not notify the family. She stated her expectation was that the nurse should have contacted the family or representative of any changes of<br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | condition, for all residents.During an interview on 05.05.2026 at 6:00 pm with LVN A stated she did not notify the family of death. LVN A stated since law enforcement notified the family that Resident #1 had passed away in the facility after attempts of CPR. Review of the facility's policy titled, Change in Condition dated 4.2025 revealed: It is the policy of this facility to ensure each resident receives quality of care and services to attain and maintain the highest practicable physical mental and psychosocial well-being in accordance with the interdisciplinary comprehensive assessment and plan of care.Procedure1. If, at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. Examples would be the following (but not limited to):Change or trending change in vial signs, to include temperature, pulse, blood pressure, heart rate, and oxygen saturationChange in ability or decline in physical function. Change in medical condition including but not limited to low/high blood sugar, hypoglycemic, episodes, or fever of unknown origin.5. There will be certain circumstances where immediate attention will be warranted, and nursing will be responsible for notifying the appropriate department for evaluation.The resident/resident representative will be notified of the change of condition and any changes in the resident's medical or nursing condition. |