STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455934	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Oaks Living & Rehabilitation Center	2722 Old Anson Rd 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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity for 1 of 7 residents (Resident #1) reviewed for accuracy of MDS assessments. The facility failed to complete Resident #1's Hearing, Speech, Vision (Section B), Cognitive Patterns (Section C), Mood (Section D) and Health Conditions - Pain Assessment (Section J) on his Quarterly MDS assessment dated [DATE]. These failures could affect residents by placing them at risk for inaccurate and incomplete MDS assessment which could prevent residents from receiving correct care and services. Findings included: Record review of Resident #1's face sheet dated 07/01/26, revealed an [AGE] year-old male, with an original admission date of 10/26/23 with the latest admission date of 12/22/25. Resident #1 had diagnoses including COPD (a progressive lung disease that makes it difficult to breath), limitation of activities due to disability (restrictions in performing daily tasks caused by physical, mental or cognitive impairments), depressive episodes (a period of persistent low mood or loss of interest lasting at least two weeks), anxiety disorder (a mental health condition characterized by excessive uncontrollable worry about everyday issues), rheumatoid arthritis (a chronic autoimmune disease that primarily affects the joints, causing pain, swelling, and stiffness), radiculopathy (compression of the spinal nerve root), fusion of spine (surgical procedure that joins two or more vertebrae to stabilize the spine and reduce pain), and cognitive communication deficit (ability to communicate effectively is impaired due to underlying cognitive dysfunction rather than a primary language or speech problem). Review of Resident #1's MDS Quarterly assessment dated [DATE] revealed Resident #1 was not assessed for Hearing, Speech, Vision (Section B), Cognitive Patterns (Section C), Mood (Section D) and Health Conditions - Pain Assessment (Section J) as the sections had dashes instead of scores. Review of Resident #1's Comprehensive Care Plan dated as revised on 6/30/26 reflected Resident #1 had care plans addressing chronic pain; antidepressant medication use; mood problem related to suicidal ideations, depression, anxiety and insomnia; ineffective coping relating to loss of family member; at risk for a communication problem relating to hearing deficit; at risk for impaired visual function relation to dry eyes; at risk for impaired cognitive function/dementia or impaired thought processes related to cognitive defect; radiculopathy; and rheumatoid arthritis. In a phone interview on 07/1/26 at 1:45 pm, the MDS Coordinator said she was responsible for completing the MDS assessments. She said Resident #1's quarterly MDS assessment dated [DATE] sections B, C, D, J was not filled out because the information was not in the chart so that information is dashed out on the MDS. When asked if the quarterly MDS assessment dated [DATE] was complete and accurate, she said yes because the information was not in the chart. When asked if those sections should have been filled out to make it complete and accurate, she said no because that information was not in the chart. When asked who was responsible for obtaining the information, she again said if the information was not in the chart she dashes it out. When asked if she attempts to get the information herself, she said no. In an interview on 7/1/26 at 1:50 pm, the ADON said she did not know anything about MDS assessments. In an interview on 7/1/26 at 2:00 pm, (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
	455934	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Administrator stated that it was his expectation that if there was a way for staff to get the information that is needed to complete the assessment, staff should take the measures to get it. He said the DON was not available due to helping a sister facility.A record review of the facility policy Resident Assessment and Associated Processes, dated as last revised 4.2025, revealed the following [in part]: Policy: It is the policy of this facility that resident will be assessed and the findings documented in their clinical health record. There will be comprehensive, accurate, standardized reproducible assessment of each resident and will be conducted initially and periodically as part of an ongoing process through which each resident's preferences and goals of care, functional and health status, and strengths and needs will be identified.