

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2024
NAME OF PROVIDER OR SUPPLIER Oasis at Austin		STREET ADDRESS, CITY, STATE, ZIP CODE 3509 Rogge LN Austin, TX 78723	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on interview and record review, the facility failed to ensure medical records were complete and accurately documented for 1(Resident #1) of 8 residents reviewed for documentation accuracy, in that:</p> <p>Resident #1's February 2024 and March 2024 Leave Of Absence Record did not have Resident #1's expected time of return when he had signed out of the facility on a pass.</p> <p>This deficient practice could affect residents whose records are maintained by the facility and could place them at risk for harm if it is unknown when they will be returning to the facility.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet revealed a [AGE] year-old male with an admitted [DATE]. Diagnoses included hypertension(high blood pressure), hyperlipidemia(high cholesterol), and atherosclerotic heart disease(damage or disease in heart's major blood vessels).</p> <p>Review of Resident #1's MDS assessment dated [DATE] revealed a BIMS score of 12, which indicated moderate cognitive impairment.</p> <p>Review of Resident #1's care plan undated revealed Resident #1 goes out into the community during day hours for socialization and taking care of business and often goes to his church. Interventions included to educate Resident#1 on proper sign out procedure when leaving the facility including(for example ETA for return, letting someone know where he is going, and how he is getting to his destination.</p> <p>In an Interview on 03/11/2024 at 12:07 p.m. the FM stated she had received a call from the facility that the resident did not return to the facility. The FM stated she had called Resident # 1 by phone and he did not answer. The FM stated she did not have any fear for Resident #1's safety when he was not at the facility. The FM stated that Resident # 1 is very sharp, competent, and knows what he is doing. Resident # 1 knows the community very well and knows how to get around town. The FM stated when Resident # 1 is out of the facility he visits friends and goes out to eat. The FM stated she did not have any safety concerns when Resident # 1 left the facility to go into the community because he knows how to take care of himself and if he had any medical issues while out, he would know how to seek medical attention.</p> <p>(continued on next page)</p>

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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an Interview on 03/11/2024 at 12:30 p.m. the Administrator stated that Resident #1 came back to the facility on [DATE]. The Administrator stated the resident is very competent in being able to leave the facility. The Administrator stated the resident had left the facility on [DATE] and had stayed with a friend. The Administrator stated the resident is his own responsible person and sometimes does not let staff know when he is expected to return to the facility. The Administrator stated residents are supposed to let the nursing staff know when they leave the facility and the resident checks out at the front desk by signing the leave form with the date, time, and signature.</p> <p>In an interview on 03/11/2024 at 6:30 p.m. with Resident # 1 stated he left the facility on Friday 03/08/2024 to go visit his friends. Resident # 1 stated that he came back to the facility on [DATE](yesterday) because he had missed the bus to come back to the facility. Resident #1 stated he and his friend had called the facility (time unknown) on 03/08/2024 and no one answered. Resident # 1 stated he was safe with his friend and stayed with his friend until 03/10/2024. Resident # 1 stated he did not make another attempt to call the facility. Resident # 1 stated he left Friday(03/08/2024) that morning after breakfast. Resident #1 stated that the front desk person who is his friend(couldn't recall the name) had helped him when he signed out with the date and the time and he signed his name himself on the paper. Resident #1 stated he had the number to the facility and his family member's number for contact. Resident # 1 stated he was not trying to leave the facility and stated he was safe while out in the community. Resident # 1 stated that he wanted to do the right thing and he will not do that again. Resident # 1 stated he knows how to seek medical attention if he falls ill. Resident # 1 stated he knows his way around the community and he had a bus pass that he used for transportation. Resident # 1 stated when he is out on a pass he goes shopping and hangs out with his friends. Resident # 1 stated it was safe for him to stay with friends and not out in the community. Resident # 1 kept stating he knew what to do for himself when he was in the community and he knew how to get to and from the facility. Resident # 1 stated this was his first incident of being away from the facility because he had missed the bus. Resident # 1 stated that was the first time that had happened and that he was safe while at his friend's house.</p> <p>In an interview on 03/11/2024 at 7:10 p.m. with CNA B stated -that when the resident wants to go out on pass there is a sign-out sheet for each resident at the front desk. CNA B stated she had to let the charge nurse know that a resident stated they wanted to go out on leave. CNA B stated when you ask the residents the ETA of return some will just say they were going to the store, they would be right back, and some just won't give an ETA. CNA B stated when the ETA is not given by a resident that resident is still able to leave the facility on a pass.</p> <p>In an interview on 03/11/2024 at 7:27 p.m. with CNA C stated when a resident reported they want to leave they would report to the charge nurse and the charge nurse takes the resident to the front desk to sign out. CNA C stated there is a form that the resident fills out that has a date time and signature. CNA C stated some residents do not give an ETA to return to the facility. CNA C stated when the resident returns to the facility is still the same process as signing out.</p> <p>In an interview on 03/11/2024 at 8:00 p.m. the ADON stated that Resident # 1 was very competent, and knew phone numbers to call, and how to get back to the facility. ADON stated Resident # 1 was able to communicate well and able to understand. ADON stated the normal protocol when a resident wanted to go out on a pass was the resident would let the charge nurse know and the nurse would take the resident to the front desk to sign out. ADON stated it would be the same on returning to the facility. ADON Stated Resident # 1 told her he knows what to do when he is out in the community and he apologized for being out.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's sign-out sheet, February 2024, and March 2024 revealed no expected time of return when signed out of the facility on:</p> <p>02/10/2024</p> <p>02/11/2024</p> <p>02/12/2024</p> <p>02/13/2024</p> <p>02/16/2024</p> <p>02/17/2024</p> <p>02/18/2024</p> <p>02/20/2024</p> <p>02/21/2024</p> <p>02/22/2024</p> <p>02/26/2024</p> <p>02/27/2024</p> <p>02/28/2024</p> <p>03/01/2024</p> <p>03/03/2024</p> <p>03/04/2024</p> <p>03/05/2024</p> <p>03/06/2024</p> <p>03/07/2024</p> <p>03/08/2024</p> <p>Review of Resident #1's sign-out sheet, for March 2024 revealed an attempted sign-out on 03/08/2024 with time 10:24; it did not indicate if it was a.m. or p.m. Resident # 1 had signed out with his signature and then placed a line over the date and the time. There was no record of sign-in for 03/08/2024 for Resident #1.</p> <p>(continued on next page)</p>		

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