STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675581	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Village at Heritage Oaks	3002 W 2nd Ave Corsicana, TX 75110

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that each resident has a right to secure and confidential personal and clinical records for 15 (Resident #1, Resident # 2, Resident #3, #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13, Resident #14 and Resident #15) out of 15 residents on 200 Hall of the facility. A. The personal health information of 15 residents was left unlocked and displayed on the charting kiosk's screen on the hallway wall by CNA L. This failure could result in fifteen residents' personal information being exposed to unauthorized individuals. The findings included:Observation on 12/09/2025 at 9:35 a.m. revealed the charting kiosk #2's screen on the 200 Hall was open and unlocked with Resident #1, Resident # 2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13, Resident #14 and Resident #15's personal information displayed. When Resident #1's name was clicked, it opened more detailed clinical information which could be done for other 14 residents displayed on the screen. After 7 minutes the charting kiosk was open, RN G approached the kiosk and attempted to shut down the screen. During the observation of the kiosk's screen from 9:35 a.m. to 9:42 a.m. the confidential information of 15 residents was opened for anyone such as visitors or other residents to see. During an interview on 12/09/2025 at 10:34 a.m. with CNA F, she stated that she had an in-service on HIPAA last month and it included not discussing residents' private clinical information with unauthorized people and locking the computer screen when leaving to do something else. She stated that everybody who works with charting kiosks was responsible for closing it and locking it when not in attendance. She stated that CNA L was responsible for shutting down the charting kiosk and locking the screen. She said that she was not sure why CNA L left the screen unlocked. She stated that leaving the screen unlocked with clinical information displayed on it could be harmful for residents as anybody can see it. During an interview on 12/09/2025 at 10:42 a.m. with RN G, she stated that CNA L was responsible for shutting down and locking the charting kiosk's screen when CNA L left for her break or was called by a resident for assistance. She stated that she received HIPAA training one month ago. She said that everybody who works on the hallway and uses a charting kiosk was responsible for closing the screen when leaving it. She stated that leaving a computer without minimizing the computer screen can lead to exposing residents' private medical information to other residents or family members. During an interview on 12/09/2025 at 10:47 a.m. with CNA L, she stated that she was responsible for shutting down the charting kiosk's screen when she was called by a resident for assistance. She stated that she received HIPAA training several months ago, but she could not remember exact day. CNA L stated that leaving a charting kiosk without locking the screen can lead to exposing residents' private medical information to unauthorized people and residents' privacy would be violated. During an interview on 12/09/2025 at 4:21 p.m. with DON B, she said that the facility's policy was to minimize the charting kiosk' screen on hallways when stepping away from it. She stated that if the screen was not minimized someone could have unauthorized access to private clinical information displayed on the screen. She said that all these charting kiosks were new to CNAs as new company just bought them and nursing staff members were still learning the process. (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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	She stated that HIPAA policy in-service was provided to all employees at hire and annually through computer modules educating them on locking the computer screens. She said that the person who works with residents' private clinical information should lock the screen before walking away. The potential negative effect would be sharing private residents' information with unauthorized personnel. During an interview on 12/09/2025 at 4:39 p.m. with ADM A, he stated that all staff including him were trained on HIPAA at the time of hire and annually through computer modules and at least annually after that. He stated that it was the responsibility of whoever works at the charting kiosk to make sure it was closed before leaving. ADM A stated that leaving the charting kiosk open would make the private clinical information about residents (specific stuff about care, date of birth , social security numbers, and diagnosis) visible for visitors or other residents to see. It could possibly have negative psychosocial effects on those residents whose information was displayed. ADM A stated that all staff take HIPAA in-services through computer modules at hire and annually. He stated that CNA L completed her annual training on the computer per his understanding but could not provide the record.Record review of Resident #1's face sheet, dated 12/09/2025, revealed, a 90-years-old female admitted on [DATE]. Resident's #1's diagnoses included dementia (severe mental function loss (memory, thinking, language, problem-solving) impacting daily life), major depressive disorder (a serious mood illness causing persistent sadness, loss of interest, fatigue, and impaired daily functioning), schizophrenia (a serious brain disorder causing a breakdown in the connection between thoughts, emotions, and reality). Record review of Resident #2 's face sheet, dated 12/09/2025, revealed, a 91-years-old female admitted on [DATE]. Resident's #2's diagnoses included Type 2 diabetes mellitus (a chronic condition where the body either doesn't make enough insulin or doesn't use insulin effectively, leading to high blood sugar levels, as the body can't get glucose into cells for energy), chronic cough, and urinary tract infection. Record review of Resident #3's face sheet, dated 12/09/2025, revealed, an 89-years-old female admitted on [DATE]. Resident's #3's diagnoses included dementia (severe mental function loss (memory, thinking, language, problem-solving) impacting daily life), insomnia (a common sleep disorder making it hard to fall or stay asleep, causing daytime fatigue, concentration issues, and irritability), and atopic dermatitis (a chronic skin condition causing severe itching, redness, dryness, and inflammation). Record review of Resident #4's face sheet, dated 12/09/2025, revealed, an 81-years-old male admitted on [DATE]. Resident's #4's diagnoses included cerebrovascular disease (involves problems with blood flow to the brain, caused by narrowing, clots, or ruptures in blood vessels), squamous cell carcinoma (a common type of skin cancer that appearing as red, scaly patches), and actinic keratosis (a common, rough, scaly skin patch caused by long-term sun exposure, considered a precancerous growth that can develop into squamous cell carcinoma (skin cancer)). Record review of Resident 5's face sheet, dated 12/09/2025, revealed, a 91-years-old female admitted on [DATE]. Resident's 5's diagnoses included chronic systolic congestive heart failure (the heart's main pumping chamber (left ventricle) is weakened and can't squeeze effectively, leading to reduced blood flow and fluid backup, causing symptoms like breathlessness, swelling, fatigue), bronchitis (inflammation of the airways (bronchial tubes) in your lungs, causing a persistent cough that brings up mucus, chest tightness, wheezing, and shortness of breath), and urinary tract infection. Record review of Resident 6's face sheet, dated 12/09/2025, revealed, a 69-years-old female admitted on [DATE]. Resident's #6's diagnoses included dementia (severe mental function loss (memory, thinking, language, problem-solving) impacting daily life), dysuria (painful or uncomfortable urination), and candidiasis (a common fungal infection caused by an overgrowth of Candida yeast). Record review of Resident #7's face sheet, dated 12/09/2025, revealed, a 103-years-old female admitted on [DATE]. Resident's #7's diagnoses included hypertensive heart disease with heart failure (heart conditions that result from chronic high blood pressure), candidiasis (a common fungal infection caused by an overgrowth of Candida yeast), and type 2 diabetes mellitus (a chronic condition where the body either doesn't make enough insulin or doesn't use insulin effectively, leading to high blood sugar levels, as the body can't get glucose into (continued on next page)

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