

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675806	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER The Laurenwood Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 330 W Camp Wisdom Rd Duncanville, TX 75116	

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>Keep residents' personal and medical records private and confidential.</p> <p>Based on record reviews and interviews, the facility failed to ensure residents had the right to personal privacy and confidentiality of his or her personal and medical records for 4 (Residents #1, #2, #3, and #4) of 10 residents reviewed for personal privacy. The facility failed to protect the personal information of Residents #1, #2, #3, and #4, by placing their personal information such as their name, date of birth, social security number, Medicare number, Medicaid number, address, and phone numbers for contacts in the Elopement Binder by the facility's front door. This failure could place residents at risk of identity theft and loss of private information. Findings included: Observation on 03/16/26 at 8:35 AM revealed a yellow notebook on a table located by the front door of the facility labeled Elopement Binder. Included in the notebook were the policy and procedures for elopement management. The notebook also included four admission Records for residents of the facility that had been deemed as having elopement potential. Review of the admission Record for each resident included their name, date of birth, social security number, Medicare number, Medicaid number, address, and phone numbers for contacts. In an interview on 03/16/26 at 3:57 PM the DON stated residents in the Elopement Binder had been determined to have the potential to leave the facility without notice. The binder was located at each nurse's station as well as the front door so it could be easily located in the event of an elopement. The DON stated resident personal information was protected information with restricted access as prescribed by HIPAA regulations. She stated personal information should not be left lying around where anyone could access it. The DON stated the ADON was responsible for maintaining the binder, and she was unaware that each resident's admission Record was included in the binder. The DON stated the risk of personal information being exposed to someone without authorization could be identity theft of the resident. She did not recall the last time staff were in-serviced on HIPAA regulations. In an interview and observation on 03/06/26 at 4:00 PM the ADON stated she had not initiated the Elopement Binder; it was in place when she assumed the role and she simply maintained what had been established in the past. She stated the binder located by the front door should not have had the residents' personal information included, only the binders located at the nurses' station. She stated the risk of a resident's personal information being taken by an unauthorized person could be identity theft committed to the resident. She removed the information from the binder immediately. In an interview on 03/16/26 at 4:10 PM the Administrator stated resident personal information was restricted to a limited number of people in the facility. The business office, the social worker, and other members of the Interdisciplinary Team would be the only staff who would need access to that information. She stated resident information should not be left lying around so that anyone could access it. The Administrator stated she was unaware the binder by the front door contained resident identifying information. She stated the risk of that information being exposed to unauthorized people could be identity theft. Record review of the facility's policy Safeguarding and Storing of Protecting Health Information, revised December 2025, revealed in part: It is the facility's policy to implement reasonable and appropriate measures to protect and maintain the safety and confidentiality of the resident's identifiable information and to safeguard against destruction or unauthorized release of information and records.</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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