STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview and record review the facility failed to ensure the resident had a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely for 3 of 4 shower rooms (halls 200, 300, and 500) and 1 of 1 medication room reviewed for environment. The facility failed to ensure the shower rooms for halls 200, 300, and 500 were clean, functional, and in good repair on 05/13/2026 and 05/14/2026. These failures could place residents at risk of infection, injury, and diminished quality of life. Record review of work orders dated 04/13/2026 to 05/13/2026 reflected no work order related to the shower rooms or the medication room sink and cabinet. All work orders on the list were completed. Observation and interview on 05/13/2026 at 9:29 AM revealed the hall 300 shower room had no paper towels or hand soap near the handwashing sink. The toilet had a large translucent plastic bag wrapped around the bowl with the lid closed on top of it, and when the lid was lifted, the plastic bag was filled with yellow and brown liquid and toilet paper. CNA B entered the hall 300 shower room and saw the yellow liquid in the toilet. She stated it was likely urine and should not have been there, because the toilet was broken. She stated she did not know who was responsible for leaving the waste in the toilet, but the CNAs were all supposed to clean the bathroom between every resident shower, and she did. She stated she used sanitizing spray to clean the whole shower room, but if the resident did not use the toilet, she did not think to check the toilet and clean it. She stated she was not sure who was supposed to restock hand soap and paper towels, but they used the gallon jugs of body soap to wash their hands. She stated paper towels were preferable for drying hands to letting her hands air dry. She stated she thought it was someone in housekeeping who was supposed to replace paper towels and soap. Observation on 05/13/2026 at 9:50 AM revealed the hall 200 shower room toilet was out of order. The toilet had a translucent plastic bag around the bowl. There was no waste within the plastic bag but the water underneath the plastic bag was yellow and smelled foul. There were no paper towels in the dispenser or anywhere in the shower room. Observation on 05/13/2026 at 9:56 AM revealed the hall 500 shower room had a small waste basket that was broken around the top and had a large, thick smear of a brown substance that smelled like feces. The mirror affixed to the wall over the sink was broken in several areas (though no loose glass was observed). There were no paper towels in the dispenser or anywhere in the shower room. Observation on 05/14/2026 at 12:41 PM revealed the hall 200 and hall 500 bathrooms were in the same condition as they had been observed on 05/13/2026. Observation on 05/14/2026 at 1:02 PM revealed paper towels and plastic bags were in abundant supply in several supply closets throughout the facility. During an interview on 05/14/2026 at 1:15 PM, HK C stated she worked cleaning halls 400 and 300. She stated she cleaned resident rooms and the shower rooms once daily. She stated there were not enough wastebasket bags to hand out to staff, so she always put wastebasket bags in the wastebaskets herself. She stated she only replaced paper towels every so often, as the CNAs did that. She stated the maintenance director had to replace soap because she could not open the soap dispensers. She stated she reported maintenance concerns to her supervisor, the HKS, but he was out on leave right now. She stated she did not know who else to talk to about maintenance issues. During an interview (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on 05/14/2026 at 1:23 PM, HK D stated she worked in the facility on hall 300 for one year. She stated she cleaned the shower rooms with bleach every day. She stated she reported maintenance problems to the HKS, who was her manager. She stated when she reported maintenance concerns to her manager or to any other staff person, she always was told the building was old. She stated all problems were blamed on the building being old. She stated she did not know who to report maintenance concerns to if her manager was unavailable or necessary repairs were not being addressed. She stated she did not replace paper towels in the shower rooms, and she did not know who was responsible for that. During an interview on 05/14/2026 at 1:32 PM, HK E stated she cleaned the shower every day. She stated she did not know who was responsible for stocking paper towels and soap in the shower rooms. She stated she saw the toilet was broken on hall 200, but she thought it had already been addressed. She stated she told her manager, the HKS, if there was a maintenance concern. She stated she did not know who to tell if the HKS was not available. During an interview on 05/14/2026 at 1:57 PM, CNA F stated he worked at the facility for 10 years, and usually worked on hall 500. He stated he sprayed the shower room between every resident shower, but he did not have access to wastebasket bags or paper towels and thought the housekeepers stocked those items. He stated he noticed the items were not always stocked. He stated he did not think the housekeepers cleaned the shower rooms every day. He stated he asked for a wastebasket bag sometimes and was always told by housekeeping they did not have access to bags. When asked how he washed and dried his hands in the shower rooms, he said, Exactly. He stated he reported maintenance concerns to the charge nurse. He stated he could also report to the MAINTD, but he had only ever reported to the charge nurse. During an interview on 05/14/2026 at 2:07 PM, CNA G stated she worked hall 300 for 20 years. She stated the shower rooms should be cleaned and disinfected. She stated the wastebaskets often did not have bags in them, and she told her DON about it. She stated she told her charge nurse and her DON when something was broken or needed attention. She stated she did not notice the toilet in the hall 300 shower room was broken or had waste in it, because she had not helped any resident use the toilet in the shower room. During an interview on 05/14/2026 at 2:55 PM, the MAINTD stated it was the whole facility's responsibility to ensure maintenance requests were submitted, and his job to ensure they were completed. He stated he had no incomplete work orders in his system. He stated the staff had a program with kiosks into which they could input work requests. He stated the CNAs did not have the program available on their documentation system, yet, but the facility had ordered that service. He stated the kiosk was available to the nurses, and that was how he found out about many of the maintenance needs. He stated he had been at the facility for a year, and there were still many things to be repaired. He stated he did not have prior work orders for the shower rooms. He stated he was not aware the toilet was clogged in both bathrooms, but only the toilet in hall 200. He stated the importance of compliance in the areas of housekeeping and maintenance was the residents needed environmental conditions to be safe and sanitary. During an interview on 05/14/2026 at 3:17 PM, the DON stated she could not honestly say she had done a paper in-service with staff about the conditions in the shower rooms or about what was required by policy and procedure in the shower rooms, but she stated she had spoken to staff verbally about it. She stated it was the dual responsibility of housekeeping and the CNAs to ensure the shower rooms were cleaned and everything in good repair. She stated the housekeeping department held the wastebasket bags, and there were some conflict over the distribution of wastebasket bags. She would not elaborate on the conflict but said she thought it had been resolved. She would not say how she thought it was resolved or who had played a role in resolving it. During an interview on 05/14/2026 at 3:36 PM, the ADM stated she had not been aware of any of the environmental issues identified during the investigation. She stated the nurse managers were responsible for ensuring medication carts and rooms were cleaned and in good repair. She stated, ultimately, it was on the DON to ensure compliance. The ADM stated she ensured compliance by making rounds every day. She stated the person responsible for ensuring the shower rooms were (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clean was HKS, but he was out on leave. She stated the CNAs were also supposed to clean the shower rooms between showers and report any concerns to housekeeping. She stated there were some issues with the housekeeping department not wanting to give wastebasket bags to nursing staff, but she thought the issue was over. She stated ultimately she (the ADM) was responsible for everything in the building. She stated they had a Guardian Angel program in which a member of management was assigned several resident rooms and had to visit each day to ensure everything for that resident was acceptable, but the shower rooms had not been added to the angel rounds. She stated she also made rounds twice a day nearly every day and tried to visit each shower room every other day. She stated the potential negative impact on residents of the shower room being unsanitary or having broken equipment was infection. Record review of the facility policy, dated May 2017, and titled Quality of Life - Homelike Environment reflected the following: Policy StatementResidents are provided with a safe, clean, comfortable, and homelike environment, and encouraged to use their personal belongings to the extent possible.Policy Interpretation and Implementation1. Staff shall provide person centered care that emphasizes the residents' comfort, independence, and personal needs and preferences.2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide pharmaceutical services (including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 2 medication carts (Cart A) reviewed for pharmacy services. 1. The facility failed to ensure medications in the hall 400 medication cart (Cart A) were stored in a clean environment. 2. The facility failed to follow its pharmacy services policy when it allowed storage of a dose of Resident #1's Tramadol taped into a compartment with a broken seal. These failures could place resident's medications at risk of prompt identification of loss, and potential diversion of controlled medications. Findings Included:Record review of Resident #1's, undated, face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included schizoaffective disorder- bipolar type (a chronic mental illness that combines features of schizophrenia-such as hallucinations and delusions-with mood disorder symptoms, which can include episodes of mania or depression), asthma (a condition causing airways to swell, narrow and fill with mucus making it hard to breathe or causing other symptoms, like chest tightness, cough and wheezing), hypertension (high blood pressure), and pain. Record review of Resident #1's quarterly MDS assessment, dated 05/06/2026, reflected a BIMS score of 14, which indicated little or no cognitive impairment. It reflected he did not receive PRN pain medication and was not offered and declined pain medication. Record review of Resident #1's care plan, dated 05/07/2026, reflected the following:ProblemFalls- Potential for falls due to history of falling, Right Femur Fracture (April 2024), generalized weakness, impaired balance, impaired safety awareness, right hip pain and cardiovascular, pain and psychotropic medication administration.ApproachMonitor medication effectiveness and for S/S of adverse reaction/side effects. Record review of Resident #1's physician orders reflected the following order with a start date of 05/16/2024:Tramadol- Schedule IV tablet; 50 mg; amt: 1; oral Every 6 hours- PRN Record review of the MAR for Resident #1 from 03/24/2026 to 05/13/2026 reflected he was not administered Tramadol PRN during this time. Record review of Resident #1's most recent Consultant Pharmacist Summary Report, dated 03/31/2026, reflected the facility was compliant in every area of medication storage. Observation and interview on 05/13/2026 at 10:43 AM during an audit of the 400-hall medication cart with LVN A revealed a brown substance dripped and dried onto two of the medication blister packages and the lids of several of the medication bottles. It also revealed a blister package of Tramadol 50 mg labeled as ordered to Resident #1 was in the hall 400 medication cart's locked container for controlled substances. The blister package had 30 pills still within it, but the backing on one of the pill compartments (#11 on the blister package) was punctured and re-covered with adhesive tape. The pill in that compartment looked the same as the other pills. LVN A stated she was responsible for keeping the medication cart clean. She stated she did not know what the brown substance was on the medication packaging, but she should have reported it to her DON and did not know why she had not but that some effort should be made to ensure the cleanliness of the cart. She stated something spilled on the medication packaging could contaminate medications. Observation on 05/13/2026 at 10:51 AM in the medication room revealed the bottom fascia (front) board was falling off the cabinet. The cabinet covering the right side of the under-sink area was half sized, vertically, so the cabinet was open to the room. The floor of the cabinet, made of particle board, was crumbling and had evidence of dead mold and insects in the right, rear corner. Observation and interview on 05/13/2026 at 11:30 AM with the DON revealed she opened the hall 400 medication cart and stated she could see the substance on the blister packs and medicine bottles. She said she did not know what it might be, but it could be cough syrup. She said she did not see how the substance could affect residents, because their medications were in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sealed packages. She stated the substance spilled on the medication packing could not contaminate medications. During an interview on 05/13/2026 at 12:28 PM, the pharmacist (PH) stated she had been to the facility the day before and conducted cart audits as part of her monthly review, but she did not see a cart with a brown substance spilled on medication packages. She stated she would have directed the staff to clean the cart if she had seen that. She stated she also had not noticed the odor in the medication room hot water tap. She stated she did notice the broken cabinet, but she assumed that was being fixed. She stated if a blister pack compartment was punctured, the drug should have been wasted. Observation on 05/14/2026 at 12:40 PM revealed Resident #1 lying in his bed in his room demonstrating no sweating, grimacing, or other signs of pain. He refused an interview. Observation on 05/14/2026 at 1:02 PM revealed paper towels were in abundant supply in several supply closets throughout the facility. Observation and interview on 05/14/2026 at 2:53 PM revealed the MAINTD entered the medication room to observe the under-sink cabinet. He stated he had never seen the state of the cabinet under the sink, and it had not been reported to him. He turned on the hot water, and stated there was a strong foul odor emanating from it. He stated he was not aware of the state of the hot water in the medication room prior to the state surveyor intervention. He stated both issues should have been reported to him and were not suitable conditions for the medication room. He stated the nurses had an electronic system where they could enter work orders. During an interview on 05/14/2026 at 2:55 PM, the MAINTD stated he knew their medical records had a restroom that smelled like that, but he did not know the medication room had that problem. He stated it was the whole facility's responsibility to ensure maintenance requests were submitted, and his job to ensure they were completed. He stated he had no incomplete work orders in his system. He stated the staff had a program with kiosks into which they could input work requests. He stated the CNAs did not have the program available on their documentation system, but the facility had ordered that service, and the nurses could enter work orders. He stated that was how he found out about many of the maintenance needs. He stated he had been at the facility for a year, and there were still many things to be repaired. He stated he thought perhaps the nursing staff did not tell him about the medication room, because he did not have a key to it and they thought he could not get in. He stated the hot water smell in the medication room would need a professional plumber to address. He stated he did not know the cause of the smell. He stated the importance of compliance in the areas of housekeeping and maintenance was the residents needed environmental conditions to be safe and sanitary. He stated the foul odor in the medication room hot water was especially unsafe as it was connected to an eyewash station. During an interview on 05/14/2026 at 3:17 PM, the DON stated she knew about the sink and cabinet in the medication room before the state surveyor arrived. She stated the MAINT knew about the issue but did not say whether she had reported it to the MAINTD or not. She stated she was not aware of a specific plan to fix it, because that was the MAINTD's responsibility. She stated the medications were all covered, so the state of the sink and cabinet could not affect residents. She stated they used the cold-water side of the sink, which did not have a bad odor. She stated they usually washed their hands before and after handling medication in the medication room. She then said they always washed their hands. She stated she was responsible for ensuring the medication room and medication carts were safe and sanitary, and she ensured compliance by doing rounds. During an interview on 05/14/2026 at 3:36 PM, the ADM stated the nurse managers were responsible for ensuring medication carts and rooms were cleaned and in good repair. She stated, ultimately, it was on the DON to ensure compliance. The ADM stated she ensured compliance by making rounds every day. She stated she checked for cart cleanliness on her rounds and reported problems to the nursing staff. She stated the potential negative impact of medication storage areas not being clean and in good repair was cross contamination. Record review of the facility's policy, dated and titled, Storage of Medications reflected the following: Policy StatementThe facility stores all drugs and biological in a safe, secure, and orderly manner.Policy Interpretation and Implementation1. Drugs and biological used in the facility are stored and locked compartments under (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	proper temperature, light and humidity controls.2. Drugs and biological are stored in the packaging, container, containers, or other dispensing systems in which they are received. Only the issuing pharmacies are authorized to transfer medications between container containers.3. The nursing staff is responsible for maintaining medication storage and preparation error areas in a clean, safe, and sanitary manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review the facility failed to ensure the resident had a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely for 1 of 1 medication room reviewed for environment. The facility failed to ensure the medication storage room sink and the under-sink cabinet was in good repair on 05/13/2026 and 05/14/2026. These failures could place residents at risk of not receiving the full benefit of their pharmaceutical regimen and infection. Record review of work orders dated 04/13/2026 to 05/13/2026 reflected no work order related to the shower rooms or the medication room sink and cabinet. All work orders on the list were completed. Observation on 05/13/2026 at 10:51 AM in the medication room revealed the bottom fascia (front) board was broken and falling off the cabinet. The cabinet covering the right side of the under-sink area was half sized, vertically, so the inner cabinet was opened to the room. The floor of the cabinet, made of particle board, was crumbling on the entire right side and had evidence of dead mildew/water damage and insects in the right, rear corner. Observation and interview on 05/14/2026 at 2:53 PM revealed the MAINTD entered the medication room to observe the under-sink cabinet. He stated he had never seen the state of the cabinet under the sink, and it had not been reported to him. He turned on the hot water, and stated there was a strong foul odor emanating from it. He stated he was not aware of the state of the hot water in the medication room prior to state surveyor intervention. He stated both issues should have been reported to him and were not suitable conditions for the medication room. He stated the nurses had an electronic system where they could enter work orders for him. During an interview on 05/14/2026 at 2:55 PM, the MAINTD stated it was the whole facility's responsibility to ensure maintenance requests were submitted, and his job to ensure they were completed. He stated he had no incomplete work orders in his system. He stated the staff had a program with kiosks into which they could input work requests. He stated the CNAs did not have the program available on their documentation system, yet, but the facility had ordered that service. He stated the kiosk was available to the nurses, and that was how he found out about many of the maintenance needs. He stated he had been at the facility for a year, and there were still many things to be repaired. He stated he thought perhaps the nursing staff did not tell him about the medication room, because he did not have a key to it and they thought he could not get in. He stated the hot water smell in the medication room would need a professional plumber to address. He stated the importance of compliance in the areas of housekeeping and maintenance was the residents needed environmental conditions to be safe and sanitary. He stated the foul odor in the medication room hot water was especially unsafe as it was connected to an eyewash station. He stated he did not know what was causing the foul odor. During an interview on 05/14/2026 at 3:17 PM, the DON stated she knew about the sink and cabinet in the medication room before the survey began. She stated the MAINTD knew about the issue but did not say whether she had reported it to the MAINTD or not. She did not say how she knew the MAINTD was aware of it. She stated there was no reason to lie about the medication room, because they were going to fix it. She stated she was not aware of a specific plan to fix it, because that was the MAINTD's responsibility. She stated the medications were all covered, so the state of the sink and cabinet could not affect residents. She stated they used the cold water side of the sink, which did not have a bad odor. The DON stated the lack of paper towels was an inconvenience and then answered yes when asked if paper towels played a role in infection control. She stated the toilet in the hall 300 shower room had been out of order for a long time, but she did not have an exact duration or date it stopped functioning. She stated she did not know why it had not been repaired. During an interview on 05/14/2026 at 3:36 PM, the ADM stated she had not been aware of any of the environmental issues identified during the investigation. She stated the nurse managers were responsible for ensuring medication carts and rooms were cleaned and in good repair. She stated, ultimately, it was on the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675918	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracy Woods Nursing Center	12021 Metric Blvd Austin, TX 78758

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON to ensure compliance. The ADM stated she ensured compliance by making rounds every day. She stated she checked for cart cleanliness on her rounds and reported problems to the nursing staff. She stated the potential negative impact of medication storage areas not being clean and in good repair was cross contamination. She stated ultimately, she (the ADM) was responsible for everything in the building. She stated she made rounds twice a day nearly every day and tried to visit each shower room every other day. She stated the potential negative impact on residents of the shower room being unsanitary or having broken equipment was infection. Record review of the facility policy, dated May 2017, and titled Quality of Life - Homelike Environment reflected the following: Policy StatementResidents are provided with a safe, clean, comfortable, and homelike environment, and encouraged to use their personal belongings to the extent possible.Policy Interpretation and Implementation1. Staff shall provide person centered care that emphasizes the residents' comfort, independence, and personal needs and preferences.2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment.Record review of the facility's policy, dated and titled, Storage of Medications reflected the following: Policy StatementThe facility stores all drugs and biological in a safe, secure, and orderly manner.Policy Interpretation and Implementation1. Drugs and biological used in the facility are stored and locked compartments under proper temperature, light and humidity controls.2. Drugs and biological are stored in the packaging, container, containers, or other dispensing systems in which they are received. Only the issuing pharmacies are authorized to transfer medications between container containers.3. The nursing staff is responsible for maintaining medication storage and preparation error areas in a clean, safe, and sanitary manner.