

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER West Oaks Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 W. Slaughter Lane Austin, TX 78748	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as was possible and each resident received adequate supervision and assistance devices to prevent accidents for one (Resident #1) of eight residents reviewed for accidents and hazards. The facility failed to ensure Resident #1's wheelchair brakes were functional. This failure could place residents at risk for injury and decreased quality of life. The findings included: Review of Resident #1's face sheet dated 12/10/25 reflected a [AGE] year old male admitted to the facility on [DATE] with a diagnosis that included need for assistance with personal care, hemiplegia (one sided paralysis or weakness of the face, arm, or leg) and hemiparesis (one sided muscle weakness) following cerebral infarction (stroke) affecting the left non-dominant side, unspecified lack of coordination, unsteadiness on feet, cervical disc disorder with myelopathy (spinal cord compression)- cervicothoracic region, and idiopathic peripheral autonomic neuropathy (condition characterized by damage to the peripheral nerves that control involuntary body functions). The face sheet and EMR alerts also indicated Resident #1 was part of the Fall Star program (an initiative aimed at reducing falls with a multidiscipline committee approach to identify residents using a gold star marking on the door or chart). Review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment. Section GG for functional abilities reflected Resident #1 normally used a wheelchair for mobility. Section GG related to transfers (toileting, chair, bed) reflected substantial/ maximal assistance. Review of Resident #1's care plan last revised 11/30/25 reflected a focus Resident #1 has an ADL self-care performance deficit r/t limited mobility, impaired balance, CVA with left sided weakness interventions included toilet transfer; bed mobility; Requires (1) staff participation. Another focus was observed which reflected, Resident #1 is at risk for falls r/t gait/balance problems, incontinence, CVA, with L sided weakness, cervical stenosis; he does not always follow recommendations for appropriate footwear to prevent falls with interventions that included, falling star program, needs safe environment, review information on past falls and attempt to determine cause of falls, record possible root causes, alter remove any potential causes if possible. As well as a focus on Resident #1 has had an actual fall 12/11/23-resident slid from wheelchair to floor while reaching for grab bar in the bathroom- no injury. 01/26/24-resident noted on floor after using the toilet stated that his shoes had no traction, so he fell, no injuries; 02/27/24-Noted sitting on floor in bathroom stated he was trying to get into w/c from the toilet and slid down. No injuries: 10/29/25 fall in bathroom with interventions that included, shoes checked for traction, encouraged to call for assistance before transferring, grab bars inspected by maintenance, education to use call light, therapy consult for strength and mobility. Review of Resident #1's fall risk evaluation assessment dated [DATE] reflected assessment completed due to change of condition, and indicated Resident #1 was medium risk. The assessment included Resident #1 was alert and oriented x3, history of falls (1-2 falls in the last 3 months), balance problems while standing, decreased muscle coordination/jerking movements, changes in gait pattern, and required use of assistive device (i.e. cane, walker, wheelchair) were marked. Review of Resident #1's progress notes and EMR items from 10/29/25 through 12/10/25 reflected no information for a documented wheelchair assessment indicating it was evaluated for functionality or safety. In an observation and interview on 12/10/25 at 11:07 AM with Resident #1 in his room, he stated he had a concern with his wheelchair brakes not being functional. At this time, Resident #1 was in bed and surveyor observed Resident #1's wheelchair at bedside in the locked position. Surveyor observed and tested the brakes on the wheelchair; the brakes on the right side of the wheelchair while engaged had a good grip and prevented the right wheel from moving when putting slight pressure on the chair to move it. The left side of the wheelchair was also tested and with the left brake engaged the chair easily moved revealing that the left brake was not functioning correctly. The break mechanism and handle itself also appeared slightly loose. Resident #1 stated that it has been over a month that the break was non-functional. He stated he alerted 3 staff but could not recall who he notified other than the DOR who he also notified earlier that day 12/10/25, but had not yet been resolved. Resident #1 stated that at times he did self-transfer before assistance arrived, and it scared him to not have functional brakes because the wheelchair could move backwards which could cause him to fall. Resident #1 denied that he had a fall or an injury directly related to the wheelchair break not being operational. In an interview on 12/10/25 at 11:10 AM with CNA A she stated she did not know Resident #1's wheelchair brake was not functional and she could</p>		