

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2025
NAME OF PROVIDER OR SUPPLIER  Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Woodgate Drive Waco, TX 76712	

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 - Few	Keep residents' personal and medical records private and confidential.  (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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, record review, and interviews, the facility failed to ensure a resident has a right to personal privacy and confidentiality of his or her personal and medical records for 1 of 4 computers. On 08/14/2025 LVN A left the facility's computer open and unattended at the nurse's station with residents' personal medical information visible to anyone who passed by. The failure could place residents at risk of having their private information changed, viewed, and not kept secure. Findings include: During an observation on 08/14/2025 at 12:17pm reflected that LVN left her computer unlocked/opened and unsupervised, vaguely visible in an open area for resident and other individuals/guest of the facility passing by the nurse's station. At the time of the observation LVN was passing medication and approximately 35 feet away from the computer at the nurse station. During an interview with LVN A on 08/14/2025 at 12:17pm, the LVN A stated she was told it was ok to leave the computer screen unlocked with the resident's information displayed. The LVN A stated she did not remember who told her it was ok and then stated that's how she was trained. The LVN A stated a negative outcome of leaving a computer with resident information display would be a HIPAA violation or someone could have access to the resident information. During an interview with ADON on 08/15/2025 at 10:00am, the ADON stated the nurse using the computer was responsible for ensuring residents' information was not displayed on the unattended computer. The ADON stated a negative outcome of an unattended computer was resident's information could be accessed by anyone. The ADON stated her expectations were for staff to ensure resident information was not displayed on unattended computer screens. During an interview with DON on 08/15/2025 at 10:20am, the DON stated whoever was using the computer would be responsible for ensure the computer was locked prior to leaving the computer. The DON stated that a negative outcome would be a HIPAA violation. The DON stated that a family member, visitor, or another resident could have access to the computer if it was not locked when unattended. The DON stated that the facility immediately begun inservicing nurses and aides on locking computers and kiosk. The DON stated her expectation were for all computers to be locked when unattended. During an interview with ADM on 08/15/2025 at 11:10am, the ADM stated it was the staff who was using the computer was responsible for ensuring the computer screen was locked when unattended. The ADM stated a negative outcome could be that someone would have access to a resident's personal information. The ADM's expectation moving forward was for staff to ensure their computer screens were locked when unattended. The ADM provided this investigator with the HIPAA Privacy Notice Acknowledgment and Standards of Compliance with Related Policies and Agreements. Record review of the facility's HIPAA Privacy Notice Acknowledgment, undated reflected, By signing below, I acknowledge receipt of the facilities NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION. I understand the content and intent of the Notice and agree to abide by its instructions. I further understand that as an employee or volunteer of this facility that I am subject to the Articles of the Employee Handbook I have received. Specifically, I understand the progressive discipline program. By signing this document acknowledging the Privacy Notice, I am expressly acknowledging the modification, by addition of this document, to the Employee Handbook. I also understand that ANY VIOLATION of the Privacy Notice which results in Protected Information being released in violation of this policy will result in my termination and reporting of the Employee Misconduct Registry as a violation of Resident Rights. Please read this carefully as violation of this policy modifies the progressive discipline program listed in the Employee Handbook .</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review the facility failed to report the findings of all investigations of abuse, neglect, exploitation, or mistreatment, including misappropriation of resident property, in accordance with state law, including the state survey agency, within 5 working days of the incident for 1 out 1 reviewed for reporting. The facility failed to submit a Provider Investigation Report (Form 3613-A) to HHSC for a reported incident on 07/18/2025 involving an allegation of misappropriation of property. This failure could place all residents at risk of incidents not being investigated by or reported to HHSC. Findings included: Record review of an incident with an allegation of misappropriation of property involving Resident #1 reflected the incident was reported to HHSC on 07/18/2025. Record review of TULIP reflected no provider investigation report submitted. During an interview with ADM on 08/15/2025 at 11:10am, the ADM stated she was responsible for completing a thorough investigation for ANE. The ADM stated she had a provider letter that stated if you report ANE online then you do not have to complete a Provider Investigation Report (Form 3613-A. The ADM stated that all of the investigation information was submitted within the allotted timeframe therefore she did not believe there was a negative outcome from the 3613-A not being completed. Record review of facility policy Prevention and Reporting of Suspected Resident Abuse and Neglect, undated, reflected, Policy: Prevention and Reporting of Suspected Resident Abuse and Neglect - This facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect. This facility has implemented the following processes in an effort to provide residents and staff a comfortable and safe environment. The Administrator and Director of Nursing are responsible for the implementation and ongoing monitoring of abuse policies and procedures. Implementation and ongoing monitoring consist of the following policies: Screening, Training, Prevention, Identification, Protection, Investigation and Reporting. Procedure: 6. Investigation (The Administrator and Director of Nursing are responsible for investigation and reporting)A. Investigation of all alleged violations will be done under the direction of the DON and/or Administrator. This may utilize a Compliant Form, Initial Investigation for Possible Abuse Violations form, or other written documentation. 7. Reporting Requirements and Definitions:H. Misappropriation of Resident Property - the pattered or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without a resident's consent. Record review of Long-Term Care Regulation Provider Letter Number: PL 18-20 (ALL) (Revised), dated January 19, 2023, reflected, Providers can report incidents to CII: online through the TULIP (Texas Unified Licensure Information Portal) system at <a href="https://txhhs.force.com/TULIP/">https://txhhs.force.com/TULIP/</a> (preferred method); by calling [PHONE NUMBER] (live agents are available Monday - Friday, 7 am-7 pm); or via email: <a href="mailto:ciicomplaints@hhs.texas.gov">ciicomplaints@hhs.texas.gov</a>. In addition to reporting an incident, a provider must investigate, or ensure that an investigation was completed, to determine why it occurred, what actions the provider will take in response to the incident and what changes will be made to help prevent a similar incident from occurring.4 A provider must submit a PIR to CII using HHSC Form 3613-A (for use by an ALF, DAHS facility, ICF/IID, NF or PPECC) or HHSC Form 3613 (for use by a HCSSA). Please ensure you use the correct form for your provider type. The PIR must include all information from the initial incident report and any additional information the provider has obtained since making the initial report, including witness statements. The provider must submit the PIR within the applicable required time frame, as follows: Five working days for an ICF/IID, NF or skilled NF;.</p>