

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2025
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	

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 - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>(continued on next page)</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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<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, interviews, and reviews, the facility failed to ensure the resident's right to secure and confidential personal and medical records for Resident #1. The facility failed to ensure the privacy of the unknown resident by not locking the laptop screen, so the resident's information could not be seen by someone walking by. This failure put residents at risk for confidential health information exposure, psychosocial harm, and decreased quality of life. Findings included: Observation on 12/06/2025 at 10:22 PM, during med pass on the 500-hall, revealed that the tablet on the medication cart was open, showing a resident's information on screen. The LVN was in a resident's room for approximately 3 minutes. The LVN then returned to the computer and locked the screen. In an interview on 12/06/2025 at 10:28 am, the LVN stated that the laptop should not be left open with residents' information on it. The LVN stated that was a HIPAA violation. The LVN stated that anyone walking by would be able to see the residents' medical information if the laptop was open. The LVN stated she had not seen any co-workers leaving their laptops open with resident information on the screen. The LVN stated if she saw a laptop open showing resident information, then she closed the laptop and reminded the person that they needed to close the laptop. LVN stated she had been in-serviced on resident rights and privacy. In an interview on 12/06/2025 at 12:30 am, RN A stated that when she walks away from the computer, it is supposed to be locked so that nobody can see the screen and the residents' information. RN A stated that residents' information should never be left open for people to see. RN A stated that if the screen is left open, it is a HIPAA violation and a violation of a resident's privacy rights. RN A stated she is an agency nurse and is there working under contract. RN A stated that when she was hired, all her in-service training was in the packet, and she was trained on HIPAA and resident rights. In an interview on 12/06/2025 at 12:30 am, RN B stated that when she left the computer, she would lock the screen, then give medications to the resident. RN B stated that is a HIPAA and resident's privacy rights violation to leave the residents information visible on the computer. RN B said she had in-service training on HIPAA and resident rights about 4 weeks ago. RN B said that if the screen is left open, someone passing by could get the residents information. In an interview on 6/19/2025 at 3:18 p.m., the ADON stated that staff had been trained on HIPAA laws. The ADON stated that when staff walk away from the medication cart, the laptop screen should be locked or minimized. He stated that if the screen is left open, then someone passing by could get the residents' information. The ADON said he has never seen any staff leave the laptop open with the residents' information on the screen. The ADON stated if she sees a staff leave the laptop open, then she would shut it, and talk to the staff. ADON stated the all the staff would get in-serviced training on resident rights and privacy if residents' information is on the screen visible to see. Record Review of the facility's undated Electronic Medical Records policy Reflected: Only authorized persons who have been issued a password and user code will be permitted access to the electronic medical records system. Permission to access medical records data is based on the need to access the data. Restrictions permit staff only to access data that must be viewed or modified by them. The Administrator and Director of Nursing Services maintain a listing of each user code. Such listing is confidential and secured.</p>		