STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676238	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - North	11020 Dessau Rd Austin, TX 78754

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45070 Based on observations, interviews, and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 2 of 4 residents (Resident #1 and Resident #2) reviewed for infection control, as indicated by: The facility failed to ensure CNA A and CNA B performed infection control practices during peri care. These failures could place the residents at risk of transmission of diseases and infection. The findings included: Record review of Resident #1's face sheet on 11/08/24 revealed a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses were hypertension, muscle weakness, cognitive communication deficit, chronic kidney disease, difficulty in walking, paranoid schizophrenia, hemiplegia and hemiparesis (weaknesses or paralysis of one side of the body), and need for assistance with personal care. Record review on 11/08/24 of Resident #1's initial MDS assessment, dated 09/26/24 revealed a BIMS score of 04 indicating his cognition was severely impaired. Record review on 11/08/24 of Resident #1's care plan dated 09/13/24 indicated he had bowel/bladder incontinence r/t impaired mobility and a relevant intervention was checking for incontinence, wash, rinse, and dry perineum as required, and change clothing PRN after incontinence episodes. (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
	676238	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - North	11020 Dessau Rd Austin, TX 78754

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 11/08/24 at 3:20pm CNA A provided peri care to Resident #1. CNA A put on a new pair of gloves. She did not wash or sanitize her hands before donning the gloves. CNA A removed the old brief and cleaned Resident #1's front and back with wet wipes. She then changed gloves and continued cleaning with wipes and with the same pair of gloves she handled the new brief. She was taking out wet wipes directly from the packet for cleaning and during that process she handled the wet wipe packet with soiled gloves. After the completion of peri care, she removed her gloves and went out for getting a new set of bed sheets. She did not sanitize or wash her hands before leaving the room . CNA A then stored the contaminated wet wipe packet on the side table for future use. She then assisted the Resident #1 to get transferred from the bed to his wheelchair. She removed a pair of shoes that were sitting on the wheelchair; however, did not sanitize the wheelchair surface after removing the shoes and before transferring the resident to the wheelchair. CNA A transported the resident out of his room on the wheelchair, without washing or sanitizing her hands. During an interview on 10/29/24 at 11:15am CNA A requested the state investigator to walk through the peri care process so that she would be able identify the mistakes. She stated she should have washed and sanitized her hands at appropriate times and should not have handled the wet wipe packet with dirty gloves. She stated she knew washing hands before and after the peri care was instructed at the facility; however, forgot to practice it at the time of peri care. CNA A stated she never thought of the contamination of the wheelchair by placing the shoes on that and stated that she realized it was necessary to sanitize the wheelchair surface before transferring the resident. She said her wrong nursing practices could promote spreading various diseases. Record review of Resident #2's face sheet on 11/08/24 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses were hypertension, dementia, cognitive communication deficit, muscle weakness, type 2 diabetes, chronic kidney disease, and need for assistance with personal care. Record review on 11/08/24 of Resident #2's initial MDS assessment, dated 10/25/24 revealed a BIMS score of 01 indicating her cognition was severely impaired. Record review on 11/08/24 of Resident #2's care plan dated 10/28/24 had ADL Self Care Performance Deficit and relevant intervention was extensive assistance with ADLs including toileting. During an observation on 11/08/24 at 3:40pm CNA B was performing peri care for Resident #2. She started with donning a pair of gloves without sanitizing her hands, opened the brief, and cleaned the front and back of the resident with wet wipes. She took the wipes directly from the packet with her soiled gloves. After the completion of the task, she placed the contaminated wet wipe packet with remaining wipes, on the side table. After the completion of the peri care, CNA B left the room without washing or sanitizing her hands. In that process, she contaminated the new brief, wet wipe packet, bed sheet, and the blanket by touching or handling them with the soiled gloves. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676238	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - North	11020 Dessau Rd Austin, TX 78754

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/08/24 at 4:45pm CNA B stated she was nervous and forgot to follow the infection control protocol while providing peri care. When the state investigator walked through the process, CNA B was able to identify the mistakes and stated she should have washed her hands before and after the peri care. She stated she contaminated the wet wipe packet by handling it with soiled gloves. CNA B said, since the wet wipe packet was contaminated, she should have thrown it away. CNA B said unhygienic practices caused contamination that eventually spread germs. CNA B said she worked at the facility for many years and received training on infection control often. She stated she could not remember when was the last in-service on peri care or infection control. During an interview on 11/08/24 at 5:00pm, the DON stated she expected the staff to wash or sanitize their hands and clean the relevant surfaces before and after any nursing care like wound care, peri care, between passing food trays, and when preparing and administering medications. She stated not sanitizing hands and equipment appropriately could cause spread of infections and diseases. The DON said the facility conduct skill check at least every year and on PRN basis. She stated in-services on infection control conducted frequently when any incompetent practices were observed. Record review of the facility policy Infection Control-Hand Hygiene revised on 10/02/22 reflected: Hand hygiene is one of the most effective measures to pr vent the spread of infection. Studies show that effective hand decontamination can significantly reduce the rate of healthcare associated infection. All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents, and visitors . 1. Wash hands with soap and water for the following situations: a. When hands are visibly soiled (e.g., blood, body fluids) 2. Use an alcohol-based hand rub . b. Before and after direct contact with residents g. Before handling clean or soiled dressings, gauze pads, etc. Before moving from a contaminated body sit to a clean body site during resident care after contact with a resident's intact skin. j. After contact with blood or bodily fluids. k. After handling used dressings, contaminated equipment, etc. m. After removing gloves.