

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation - North		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interview and record review, the facility failed to immediately notify the resident's physician when there was a significant change in the resident's physical status for one (Resident #1) of four residents reviewed for resident rights.</p> <p>The facility failed to ensure Resident #1's NP was notified that she began consistently refusing and/or spitting out her medications in the middle of December 2024.</p> <p>This failure placed residents at risk of medical diagnoses not getting treated and a decreased quality of life.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including essential hypertension (high blood pressure), dysphagia (difficulty swallowing), type II diabetes, and dementia.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 10/25/24, reflected a BIMS score of 1, indicating she had severe cognitive impairment. Section K (Swallowing/Nutritional Status) reflected she had a history of coughing or choking during meals or when swallowing medications.</p> <p>Review of Resident #1's quarterly care plan, dated 10/28/24, reflected no focus or interventions related to refusing and/or spitting out her medications.</p> <p>Review of Resident #1's MARs, December of 2024 and January of 2025, reflected around 12/14/24, her medication administrations were being marked either 1 or 5 on a consistent basis. 1 indicated the drug was refused, and 5 indicated she spit the medication out. From 12/14/24 - 12/31/24, there were three instances she refused her medications and seven where she spit them out. From 01/01/25 - 01/12/25, there were seven instances where she refused her medications and five where she spit them out.</p> <p>During an interview on 01/17/25 at 11:02 AM, Resident #1's NP stated she last saw her on 12/20/24. She stated she was not made aware of Resident #1 refusing and/or spitting out her medications. She stated she would expect to be notified in that case. She stated she would expect for the nurses to document the refusals, keep trying, or try other interventions.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/17/25 at 1:02 PM, LVN A stated Resident #1 had been refusing (by not opening her mouth) or spitting out the pudding (with her crushed medications) for at least a month. He stated the medication aides would tell him when that would happen, and he would attempt to get her to swallow as much as he could. He stated he did not specifically tell the NP about that but believed she knew.</p> <p>During an interview on 01/17/25 at 1:15 PM, LVN B stated Resident #1 had, for a while, been refusing or spitting out her medications. She stated she would keep her at the nursing station and would encourage her. She stated sometimes she would gradually swallow the pudding. She stated she thought the NP was aware of that behavior, but could not remember if she had told her.</p> <p>During an interview on 01/17/25 at 3:05 PM, the DON stated the NP should be notified by the nurse if a resident had multiple refusals of their medication. She stated it was important for the NP to be aware so they could discuss and determine what the next steps could be or what needed to be done. She stated a negative outcome of the NP not being involved was everyone not being involved in the residents' care .</p> <p>Review of the facility's Notification of Physician Policy, revised 08/2007, reflected the following:</p> <p>1. The Nurse Supervisor will notify the resident's attending physician when:</p> <p>.</p> <p>D. The resident repeatedly refuses treatment or medications (i.e. two (2) or more consecutive times.</p> <p>Review of the facility's Administration of Medication Policy, revised 06/2022, reflected the following:</p> <p>It is the policy of this facility that medications shall be administered as prescribed by the attending physician.</p>