

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 09/17/2025
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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
---	-------	-----------

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 09/17/2025
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure the facility did not use physical abuse for 1 of 2 Residents. The facility failed to ensure Resident #1 was free from abuse when CNA A and CNA B were changing the briefs of Resident # 1 on 08/17/2025. This failure could place residents at risk for serious psychosocial harm from abuse, humiliation, intimidation, fear, shame, agitation, and decreased quality of life. Findings included: Record review of Resident #1's admission Record, dated 09/03/25, reflected the resident was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Unspecified Dementia, moderate (This is when symptoms become more severe, and the individual's ability to perform daily tasks declines significantly.), Hypertensive Heart (refers to heart conditions caused by high blood pressure.) and Chronic Kidney Disease (Gradual loss of kidney function.). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 4 indicating severe cognitive impairment. The MDS revealed Resident # 1 was dependent on staff for all ADLs. Record review of Resident #1's care plan dated 07/02/2025 revealed Resident #1 had potential to demonstrate physical behaviors related to dementia. Goal: Will not harm self or others through the review date. Interventions: Analyze key times, places, circumstances, triggers, and what de-escalates behavior and document. Record review of Resident # 1's Weekly Skin Assessment on 08/15/2025 at 12:54 PM reflected left great toe abrasion and lateral ankle trauma wound present and no other skin issues noted. Record review for Change of Condition for Resident # 1's Skin Assessment on 08/17/2025 at 3:05 PM documents [NAME] Record review for Change of Condition for Resident # 1's Skin Assessment on 08/17/2025 at 3:05 PM documents Bruise and swelling to right thumb. Record Review of Provider Investigation Report dated 8/18/2025 reflected, CNA B upon getting resident up in her wheelchair, she noticed her right thumb was swollen and was unable to hold her phone while receiving a call from son. The Provider Investigation Report does not indicate how this injury occurred. The Provider Investigation Report stated incident occurred 08/17/25 at 11:50 AM and assessment was done on 08/17/2025 @ at 3:35 PM. The assessment reported Bruising and edema to right thumb. 08/18/2025 Resident # 1 was transferred at 10:30 AM offsite to [local hospital]. Incident was reported by ED to Texas Health and Human Services Complaint and Incident Intake via email on 08/18/2025 at 7:20 PM. Record review of CNA B's statement revealed on 08/17/2025 CNA A assisted CNA B in changing Resident # 1's brief. CNA B stated, I assisted Resident # 1 by crossing her arms across her chest to roll her onto her left side. Record review of ER medical report for Resident # 1 Sservice date 08.18.25 at 12:56 PM. Findings: Xray Impression: Comminuted (bone that is broken in at least two places) (mildly displaced fracture of the base of the right first digital proximal phalanx (most basal bones of each digit,)with extension to the first digit joint time stamped 08.18.25 @ at 13:57 pm, reported signed by Doctor. Interview & observation of Resident # 1 on 09/03/2025 at 10:35 AM. revealed Resident #1 lying in bed, she raised her right hand and arm exposing a bruised on the lower right thumb. Resident #1 stated On 08/17/2025 early in the morning she was awakened by CNA A. Resident #1 stated, I told them I wanted to sleep and I'll do it later. She stated CNA B joined CNA A in the room and CNA B (who was the smaller CNA) grabbed my right hand, she pulled my thumb backwards and I screamed. Resident stated, The CNA's came around dinner time and they put me in the wheelchair that's when I noticed my right thumb and right wrist were swollen. Resident # 1 stated, daughter told the staff to send me to the hospital. Interview on 09/03/2025 at 10:40 AM with Residents # 3 (Resident # 1's roommate). Resident # 3 stated, she was in the room and awake at the time of the incident and it was around 7 AM. Resident # 3 stated, There were 2 CNAs in the room that morning. She stated, tThe smaller one came in to help and that's when I heard a loud cry from (Resident # 1). and I couldn't see anything because the curtain was pulled closed but, I knew (Resident # 1) was in pain by the sound of her scream. Interview on 09/03/2025 at 10:50 AM with CNA C she stated, I had cared for (Resident #1) the week before on Thursday, August 14th, 2025, and Friday, August 15th, 2025 and she had no injuries then. He stated, On Monday, August 18th, 2025 (Resident # 1's) hand looked very different than last week, so I knew something was wrong. I immediately told the Nurse about (Resident # 1's) hand. He stated, a Staff Nurse came down to the room to see the resident's injury. He stated, They called Emergency Services came and took her to the hospital, and I didn't see her again until the next day. Interview on 09/03/2025 at 12:29 PM with Family member of Resident # 1. He stated, We had a recording of the morning of the incident but we could not see the incident because the Aids pulled the curtain around the</p>		

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 09/17/2025
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>(continued on next page)</p>

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 09/17/2025
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement written policies and procedures that prohibited and prevented abuse, neglect, and exploitation of residents and misappropriation of resident property for one of one resident (Resident #1) reviewed for abuse, neglect, and exploitation. The facility failed to implement their policies and procedures to ensure Resident #1 was free from abuse when the facility failed to have effective interventions and services in place to address the resident's care, which resulted in Resident #1 sustaining Comminuted (bone that is broken in at least two places),(mildly displaced fracture of the base of the right first digital proximal phalanz (most basal bones of each digit.)with extension to the first digit joint time stamped 08.18.25 @ at 13:57 pm, reported signed by Doctor. An IJ was identified on 09/15/2025. The Administrator was notified and an IJ Template was provided on 09/15/2025 at 5:55 p.m. While the Immediate Jeopardy was removed on 09/16/2025 at 4:33 pm, the facility remained out of compliance at a severity level of no actual harm with the potential for more than minimal harm and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.The failure could place residents at risk for serious injuries, hospitalization, and death. Finding includes:Record review of Resident #1's admission Record, dated 09/03/25, reflected the resident was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Unspecified Dementia, moderate (This is when symptoms become more severe, and the individual's ability to perform daily tasks declines significantly.), Hypertensive Heart (refers to heart conditions caused by high blood pressure.) and Chronic Kidney Disease (Gradual loss of kidney function.). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of was 4 indicating severe cognitive impairment. The MDS revealed Resident # 1 was dependent on staff for all ADLs. Record review of Resident #1's care plan dated 07/02/2025 revealed Resident #1 had potential to demonstrate physical behaviors related to dementia. Goal: Will not harm self or others through the review date. Interventions: Analyze key times, places, circumstances, triggers, and what de-escalates behavior and document. Record Review of Resident # 1's Weekly Skin Assessment on 08/15/2025 at 12:54 PM reflected left great toe abrasion and lateral ankle trauma wound present and no other skin issues noted.Record review for Change of Condition for Resident # 1's Skin Assessment on 08/17/2025 at 3:05 PM documents Bruise and swelling to right thumb.Record review for Change of Condition for Resident # 1's Skin Assessment on 08/17/2025 @at 3:05 PM documents Bruise and swelling to right thumb.Record Review of Provider Investigation Report on dated 8/18/2025 reflected, that CNA B upon getting resident up in her wheelchair, she noticed her right thumb was swollen and was unable to hold her phone while receiving a call from son. The Provider Investigation Report does did not indicate how this injury occurred. The Provider Investigation Report stated incident occurred 08/17/25 at 11:50 AM and assessment was done on 08/17/2025 @ at 3:35 PM. The assessment reported bruising and edema to right thumb. 08/18/2025 Resident # 1 was transferred at 10:30 AM offsite to [St. [NAME] local hospital]. Incident was reported by ED to Texas Health and Human Services complaint and Incident Intake via email on 08/18/2025 at 7:20 PM. Record review of CNA B's statement revealed on 08/17/2025 CNA A assisted CNA B in changing Resident # 1's brief. CNA B stated, I assisted Resident # 1 by crossing her arms across her chest to roll her onto her left side. Record review of ER medical report for Resident # 1 service date 08.18.25 at 12:56 PM. Findings:Xray Impression: Comminuted (bone that is broken in at least two places) (mildly displaced fracture of the base of the right first digital proximal phalanz (most basal bones of each digit,)with extension to the first digit joint time stamped 08.18.25 @ at 13:57 pm, reported signed by Doctor. Interview & Observation of Resident # 1 on 09/03/2025 at 10:35 AM. revealed Observed Resident #1 lying in bed, she raised her right hand and arm exposing a bruised on the lower right thumb. Resident #1 stated 0on 08/17/2025 early in the morning she was awakened by CNA A. Resident #1 stated, I told them I wanted to sleep and I'll do it later. She stated CNA B joined CNA A in the room and CNA B (who was the smaller CNA) grabbed my right hand, she pulled my thumb backwards and I screamed. Resident stated, the CNA's came around dinner time and they put me in the wheelchair that's when I noticed my right thumb and right wrist were swollen. Resident # 1 stated, My daughter told the staff to send me to the hospital. Interview on 09/03/2025 at 10:40 AM with Residents # 3 (Resident # 1's roommate) Resident # 3 stated she was in the room and awake at the time of the incident</p>		

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 09/17/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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 09/17/2025
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 0609</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 observation, interview, and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown sources were reported immediately, but no later than 2 hours after the allegation was made, if the events that cause the allegation involve abuse to the Administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 1 of 6 residents (Resident # 1 reviewed for abuse and neglect. The facility failed to report to HHSC when Resident #1 was found to have a significant bruise and swelling to right thumb of unknown origin on 08/17/25 at 3:03PM. This failure to report could place the residents at risk for abuse. Findings included:Record review of Resident #1's admission Record, dated 09/03/25, reflected the resident was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Unspecified Dementia, moderate (This is when symptoms become more severe, and the individual's ability to perform daily tasks declines significantly.), Hypertensive Heart (refers to heart conditions caused by high blood pressure.) and chronic kidney disease (Gradual loss of kidney function.).Record review of Resident #1's quarterly MDS Assessment, Section V- Care Area Assessment summary dated 06/06/25, reflected her BIMS Score was 4 (indicates severe cognitive impairment, suggesting that the individual may require comprehensive assistance and specialized care approaches.).Record review of MDS, Section GG- Functional Abilities for Mobility Resident #1 needs Wheelchair.Record review of MDS, Section GG- Functional Abilities for self -care of Resident # 1 is 1(Dependent - Helper does ALL the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.) Record review of Resident #1's care plan, revised 07/02/25, reflected: Focus: has Potential to demonstrate physical behaviors related to Dementia. Goal: Will not harm self or others through the review date. Interventions: Analyze key times, places, circumstances, triggers, and what de-escalates behavior and document. Record Review of resident # 1's Weekly Skin Assessment on 08/15/2025 at 12:54 PM reflected L great toe abrasion and lateral ankle trauma wound present and no other skin issues noted. Record review for Change of condition for resident # 1's Skin Assessment on 08/17/2025 at 3:05 PM documents Bruise and swelling to right thumb. Record Review of Provider Investigation Report on 8/18/2025 reflects that Aid notified this nurse that upon getting resident up in her wheelchair, she noticed her right thumb was swollen and was unable to hold her phone while receiving a call from son. The Provider Investigation Report does not indicate how this injury occurred. The Provider Investigation Report stated incident occurred 08/17/25 at 11:50 AM and assessment was done on 08/17/2025 at 335 PM. The assessment reported Bruising and edema to right thumb. 08/18/2025 Resident # 1 was transferred at 10:30 AM offsite to St. [NAME]. Incident was reported by ED to Texas Health and Human Services complaint and Incident Intake via email on 08/19/2025 at 12:19 AM Interview & Observation of Resident # 1 on 09/03/2025 at 10:35 AM. Observed resident lying in bed, she raised her right hand and arm exposing a bruised on the lower right thumb. Resident stated On 08/17/2025 early in the morning she was awakened by CNA A. Resident #1 stated, I told them I wanted to sleep and I'll do it later. She stated CNA B joined CNA A in the room and CNA B (who was the smaller CNA) grabbed my right hand, she pulled my thumb backwards and I screamed. Resident stated, they came around dinner time, and they put me in the wheelchair that's when I noticed my right thumb and right wrist were swollen. Resident # 1's stated, my daughter told the staff to send me to the hospital. Interview on 09/03/2025 @ 10:40 AM with Resident # 2 (Resident # 1's roommate). Resident # 2 stated, she was in the room and awake at the time of the incident and it was around 7 AM. Resident # 2 stated, there were 2 CNAs in the room that morning. She stated, the smaller one came in to help and that's when I heard a loud cry from Resident # 1 and I couldn't see anything because the curtain was pulled closed but, I knew Resident # 1 was in pain by the sound of her scream. Interview on 09/03/2025 @ 10:50 AM with CNA C. CNA C stated, I had cared for her the week before on Thursday and Friday and she had no injuries then. He stated, on Monday, Resident # 1's hand looked very different than last week, so I knew something was wrong. I immediately told the Nurse about Resident # 1's hand. He stated, A Staff, Nurse came down to the room to see the resident's injury. He stated, They called EMS and took her to the hospital, and I didn't see her again until the next day.Interview on 09/03/2025 at 12:29 PM with son of Resident # 1. He stated, we had a recording of the morning of the incident but we could not see the incident because the Aids pull the curtain around the entire bed. He stated</p>

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 09/17/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review, the facility failed to ensure accurate resident identification before transport for outside medical appointments for 1 (Resident #10) of 3 sampled residents. The facility failed to ensure that Resident #10 made it to his scheduled surgical appointment, and the facility sent the wrong resident in his place. This finding could place residents at risk for missing medical treatments. Record review Resident #10's medical diagnosis shows that Resident #10 is diagnosed with hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side (paralysis), heart failure, and major depressive disorder, recurrent moderate (depression). Resident #10 MDS showed that he had a BIMS of 10, which indicates moderate cognitive impairment. Resident #10. Interview on 9-17-2025 at 10:20 AM, an interview with Resident #10 said he did not make it to his cataract surgery, and he doesn't know what happened. Resident #10 told staff that he was scheduled to have an appointment. Resident #10 said that a CNA told him last night that the appointment was rescheduled. Resident #10 said he was going to have cataract surgery on his left eye. Resident #10 said that he had already had the surgery on his right eye. Resident #10 said that things happen, and he will have it done when it is rescheduled. Interview on 9-17-2025 at 12:16 PM, an interview with DR said that he has been doing this job for a couple of weeks. DR said that Resident #10 had the first appointment of the day. DR said that he pointed at a resident and asked a CNA on the floor if that was Resident #10. DR said he thought the CNA responded that was Resident #10, so DR said he then took that resident and not Resident #10 to the appointment. DR stated that ADON called him and told him he had the wrong resident. DR said that he took that resident back to the facility. DR said he is supposed to look at the face sheet before taking a resident to their appointments, and he did not. DR said he was in-serviced on resident identification the day it happened. DR said it could negatively impact a resident by a resident having a procedure that should not have happened. Interview on 9-17-2025 at 2:00 PM, with the ADON said he realized that the driver took the wrong resident to the appointment. ADON said he called the DR to let him know that he had the wrong resident. ADON said the DR returned the resident to the facility. ADON stated that the DR is supposed to bring the face sheet with the resident's information to the room to verify that it was the resident he was supposed to take to the appointment. On 9-17-2025 at 3:04 PM, an interview with the DON said that DR is supposed to have the face sheet of the resident when they are being taken to appointments. DON said the DR should check in PCC and check with the floor nurse. The DR is trained to get on PCC to verify the resident. DON said the DR asked the CNA in the hall if that was Resident #10, and the DR said that he thought the CNA told him it was Resident #10. DON said that DR should be asking a nurse on the floor if they have the right resident, along with having the face sheet to verify he has the right resident. DON said that Resident #10 could have missed an important surgery. DON said that the procedure was rescheduled. On 9-17-2025 at 2:00 PM an interview with the ADM said that DR should verify which resident they have with the face sheet to make sure he has the right resident. ADM said that staff are trained on PCC and should know where to find the resident's Face sheet. ADM said the ADON is the one who discovered that the wrong resident was taken and called DR. ADM said that the DR will now be checking with the nurse in the hall to verify. ADM said the resident could have had the wrong procedure. ADM said the DR was counseled and trained on making sure he has the right resident. The facility did not have a written Policy on what the driver was supposed to do when verifying they have the correct resident when taking residents to outside doctors' appointments.</p>		

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 09/17/2025
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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. (continued on next page)

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 09/17/2025
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 0925</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 maintain an effective pest control program so that facility was free of pests and rodents for 1 of 7 bedrooms reviewed for physical environment. The facility failed to ensure that Resident #2's bedroom was free from ants. This finding could place residents at risk for bug bites, unsanitary environment and emotional distress. RR of Resident #2's face sheet revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #2 had diagnoses of Parkinson's Disease, Chronic Kidney Disease, and Muscle Weakness. RR of Resident #2's care plan dated 06/08/2023 revealed Resident #2 was at risk for impaired communication function/dementia r/t short term memory loss. RR of Resident #2's hospital record dated 08/14/2025 which triggered a visit for infected insect bite or sting. The record indicated a prescription for Cephalexin 500 MG CAP oral every 6 hours 10 days and Loratadine 10 MG tab oral daily. An observation was conducted on 09/03/2025 at 3:09PM in Resident #2's bedroom. It was observed in the room that an ant was observed. An interview was conducted on 09/03/2025 at 3:09PM with Resident #2. Resident #2 reported that a couple of weeks ago in his bedroom there were some ants crawling from the frame of the door. Resident #2 stated he touched the ants and then went to bed. Resident #2 said about 2-3 hours later, he started feeling sharp points on the sides of his body. He stated that he believed he got bites from the ants. He stated that they were still there, and the facility was aware of it. Resident #2 stated that he believed his room was the only area affected by the ants. Resident #2 stated that the facility has had pest control come and spray for the ants, but the system does not work. Resident #2 stated that the ants bother him as well as make him uncomfortable and itchy. An interview was conducted on 09/04/2025 at 2:50PM with the MD revealed MD had been employed at the facility for 7 years. The MD stated he had received training on resident rights which included the residents had the right to decline services they provide, right to their privacy and right to have their own stuff. The MD stated he received training on pest control. The MD stated that there was an issue with ants in the facility while he was on vacation and when he returned, he heavily treated the area with pest control services. The MD stated the policy for pests in the facility was to report it if they were observed in the facility. The MD stated that pest control services come out at least 2 time a month in the summer times. The MD stated that the main manager was in charge of pest control services. The MD stated a negative effect of having bugs and insects in the facility was that residents would have a low quality of life. The MD stated that he believes ants were in the facility because of the weather. The MD confirmed that there were complaints about ants in the facility in Resident #2's bedroom. An interview was conducted on 09/04/2025 at 3:10PM with the DON, the DON said she had received trainings on Resident Rights which included the right to make decisions. The DON stated that she had received training for pest control services which included how to identify and prevent bugs from coming into the facility. The DON stated the expectation for identifying bugs in the facility was if staff sees any ants, they should log it into the pest control book located at the nurse's station. The DON stated the MD will receive these notifications. The DON stated pest control services come out 2x a month and as needed. The DON stated that the MD was in charge of pest control services and bug prevention. The DON stated a negative affect it could have on residents if there were bugs and insects in the facility was the potential for residents to be bit or live in fear. An interview was conducted on 09/04/2025 at 4:30PM with the ADM who reported working at the facility for 2.5 years. The ADM stated he had received training for resident rights which included that the facility was the resident's home. The ADM stated that the MD was in charge of pest control services but that the whole facility was a team, who all have to help, if they see something they need to report it. The ADM stated that pest control services come out every other week. The ADM stated that the resident had spots on his body, and they sent him to the ER to be checked for infectious diseases such as smallpox. The ADM stated that the resident #2 had bites/spots on his body and was unsure where it came from. The ADM stated he had not seen any ants in the facility. RR of an undated document provided by the facility titled Pest Control the following information was included in the document:1. It is the policy of this facility to utilize pesticides and rodenticides in a safe and efficient manner to control pests with the least amount of contamination to the environment.2. When pests are sighted, determine why the infestation is occurring and advise department head on preventive measures.3. Report insect or pest sightings to the housekeeping/maintenance supervisor immediately.</p>		