

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 02/20/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097</p> <p>Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 3 (Resident #20, Resident #49, and Resident #51) of 15 resident reviewed for dignity.</p> <p>The facility failed to ensure Resident #49, and Resident #51 received their meal with other residents at their table.</p> <p>The facility failed to ensure that Resident #20 was assisted with feeding when his meal tray was delivered to his room.</p> <p>This failure could place residents at risk of diminished dignity and affect their quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #20's face sheet revealed a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses of cerebral palsy (a group of conditions that affect movement and posture), epilepsy (seizure disorder), spastic quadriplegic cerebral palsy (paralyzed due to cerebral palsy), aphasia (a disorder that affects how you communicate and comprehend), dysphagia (difficulty swallowing), difficulty walking, seasonal allergies, and constipation.</p> <p>Review of Resident #20's Quarterly MDS assessment, dated 01/03/2025 reflected a BIMS score of 0 indicating severe cognitive impairment. MDS further reflected Resident #20 was dependent on staff for eating.</p> <p>Review of Resident #20s care plan, dated 12/05/2024, reflected Resident #20 was total dependent on staff for eating. Resident #20 had a swallowing problem related to dysphagia (difficulty swallowing). Resident #20 had potential nutritional problem related to diet restrictions of honey thicken liquids and puree diet and need for staff assistance with po intake.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #49's face sheet revealed a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses of traumatic brain injury (injury caused by external force), major depressive disorder, hypertension (high blood pressure), epilepsy (seizure disorder), contracture right elbow and right wrist (permanently bent), dysphagia (difficulty swallowing), abnormal posture, need for assistance with personal care, muscle wasting, unsteadiness on feet, and lack of coordination.</p> <p>Review of Resident #49's Quarterly MDS assessment, dated 01/03/2025 reflected a BIMS score of 3 indicating severe cognitive impairment. MDS further reflected Resident #49 needed supervision or touching assistance for eating.</p> <p>Review of Resident #49s care plan, dated 01/30/2025, reflected Resident #49 needed one staff participation to eat. The care plan also revealed that the resident had potential nutritional problems related to puree diet and thin liquids.</p> <p>Record review of Resident #51's face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses dementia (memory, thinking, difficulty), muscle wasting, muscle weakness, difficulty walking, unsteadiness on feet, cognitive communication deficit (problems with communication), need for assistance with personal care, dry eye, COVID 19, and dysphagia (difficulty swallowing).</p> <p>Review of Resident #51's Quarterly MDS assessment, dated 10/08/2024 reflected a BIMS score of 1 indicating severe cognitive impairment. MDS further reflected Resident #51 needed set up and clean up assistance for eating.</p> <p>Observation of hall trays being passed on 02/18/2025 at 12:20pm revealed that staff took Resident #20's meal tray to his room and sat it down in front of the resident on his bedside table. At 12:45pm staff went back into the room to feed the resident.</p> <p>Observation of dining room meal trays being passed on 02/18/2025 at 12:30pm revealed that Resident #49 got his meal tray at 12:38pm and Resident #51 did not get her meal tray until 12:47pm while their table mate got her tray at 12:35pm.</p> <p>During an interview with Resident #20 on 02/17/2025 at 12:00pm was unsuccessful due to resident being nonverbal</p> <p>During an attempted interview with Resident #49 on 02/18/2025 at 1:00pm was unsuccessful. Resident would not say anything he would just look at surveyor.</p> <p>During an interview with Resident #51 on 02/18/2025 at 1:04pm revealed that she was fine. She said she had a good lunch. She said she got her food. She would not answer questions about not getting her food.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with CNA D on 02/20/2025 at 1:21pm revealed that she had been trained on resident rights. She said the policy for meal tray pass was that the nurse checks the meal trays and pass the meal trays according to tables. She said if all the residents at one table do not have their meal tray, then the staff should not pass trays to other tables until everyone at the same table had their food. She said if all the residents at the same table did not get their meal tray at the same time the resident could get upset, or think they were not going to get food. She said that the nurse was supposed to watch to make sure that everyone at the same table got their meal tray. She said that the nurse monitored meal trays by watching each table as trays were handed out. She said she did not know why any of the residents had to wait for their meal tray and why staff passed trays to other tables.</p> <p>During an interview with MA H on 02/20/2025 at 1:35pm revealed that she had been trained on resident rights. She said that the policy for passing meal trays was that all residents at the same table get their meal tray at the same time. She said staff were not supposed to move on to the next table until all residents at the previous table had their meal tray. She said the nurses and the CNA's were responsible for monitoring to ensure all residents got their meal tray. She also said for a resident who needed assistance eating that staff were not supposed to sit a meal tray in front of a resident and walk off. She said the resident could get burned or choke on the food. She said that the policy was if staff take a tray to a resident that needs assistance eating, that the staff sit down and feed the resident. She did not know why staff put the meal tray in front of Resident #20 and walked off.</p> <p>During an Interview with the ADM on 02/20/2025 at 1:42pm revealed that he was trained on resident rights. He said that they cover resident rights with the staff monthly. He said the policy for meal tray pass was that everyone at the same table had to be fed at the same time. He said if one person at that table does not have their tray it was unacceptable. He said staff should not move on to another table and that if a table was not ready to be served staff were to come back to that table when all the trays were ready. He also said that all staff in the dining room was responsible for ensuring every resident at the same table had their meal tray. He said that it was a hundred percent wrong and may feel like they are not going to be served. He said that staff were not supposed to put a tray down in front of a resident that needed assistance eating and walk away. He also said that was grounds for a write up because every resident is different and could choke. He said he does not know why staff did not serve all residents at the same table or why they put the food down in front of Resident #20.</p> <p>During an interview with DON on 02/20/2025 at 2:45pm revealed that she had been trained on resident rights. She said that the policy was that the whole table was served at one time so that nobody was sitting at the table without food. She said that ensuring every resident had their meal tray was a team effort between nursing and dietary. She said that staff were not to put food in front of a resident who needed assistance. she said that the resident could knock the tray over, the food could get cold, or they could choke. She said that if a resident did not get their meal tray at the same time as their tablemates the resident could feel left out. She said nursing and dietary were responsible for monitoring to ensure all residents had their meal tray. She said she did not know why the meal tray was left in front of Resident #20.</p> <p>Record review of Policy/Procedure-Nursing Clinical Meal Serving Policy revised on 05/2021 revealed make sure all residents are served.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Federal Residents Rights Policy revised 2/24/2022 revealed residents have the right to be treated with respect and dignity.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50472</p> <p>Based on observations, interview, and record review the facility failed to provide a resident who is unable to carry out activities of daily living the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 4 of 20 residents (Resident #64, Resident #42, Resident #31, and Resident #104) reviewed for Activities of Daily Living's.</p> <p>The facility failed to ensure Resident #64, Resident #42, Resident #31, Resident #and Resident #104's fingernails were trimmed 02/18/2025 through 02/20/2025.</p> <p>The facility failed to ensure that Resident #28 was free from foul odors by providing incontinent care and ADL assistance.</p> <p>This failure could place residents at risk of not receiving services or care, diminished quality of life, and decreased self-esteem.</p> <p>Findings included:</p> <p>Resident #64</p> <p>Resident #64 is a [AGE] year-old male admitted on [DATE] with pertinent diagnoses of Parkinson's Disease (a neurological brain disease that causes muscle tremors and degeneration), chronic kidney disease (a progressive disease of the kidneys that leads to organ degradation), generalized weakness, and a need for assistance with personal care.</p> <p>Resident #64's MDS dated [DATE] indicates a BIMS score of 03 indicating moderate to severe cognitive impairment and a need for set up or clean up assistance with personal hygiene.</p> <p>Resident #64's care plan states they are at risk for an ADL self-care deficit related to disease process and to check nail length and trim and clean on bath day and as necessary.</p> <p>Observation of Resident #64's nails on 02/18/25 at 10:30 am revealed untrimmed fingernails on both hands that were approximately 3 millimeters in length beyond the nailbed.</p> <p>In an interview with Resident #64 on 02/19/25 at 01:20 PM he stated it has been 4 months since someone had clipped his nails. He previously had a pair of nail clippers, but they went missing and he has been unable to clip his nails himself. He stated he did not like his nails long and wanted his nails trimmed. He stated the nurse used to do it but has not done it in a while.</p> <p>Resident #42</p> <p>Resident #42 is an [AGE] year-old female admitted on [DATE] with pertinent diagnoses of Type 2 diabetes (blood sugar dysregulation that causes weakness and disorientation, a need for assistance with personal care, unspecified dementia (a degenerative brain disease), and muscle wasting.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #42's MDS dated [DATE] a BIMS score of 08 which indicates moderate cognitive impairment and complete dependance on caregivers for personal hygiene needs.</p> <p>Resident #42's care plan indicates she is completely dependent for ADL performance and caregivers should encourage participation in ADL care and anticipate meeting her needs.</p> <p>Observation of Resident #42 on 02/18/25 at 1:30 pm revealed 4 fingernails that were long, 4 fingernails that had an unknown black substance under the nailbed, and one nail that was yellow in color and detached from the entire length of the nailbed on the left side.</p> <p>In an interview with Resident #42 1:30 pm she stated that they have not offered her nail care since she has been there. She did not think to ask, but stated her memory is bad and she would like to remember to ask them. She stated she always previously cared for her nails, and it made her feel pretty when they were done.</p> <p>In an interview with RN F on 02/20/25 at 10:25 AM, she stated that CNAs were responsible for cutting nails after showers. If a resident has a diabetes diagnosis the CNAs were only allowed to file, the nails and a nurse should cut their nails. The residents should be offered nailcare 3x a week and if the nurse or CNA has identified a need. If another staff member identified the nails should be cut, but they had diabetes, they should communicate with the nurses. The nails should have been cut to their fingertips. When asked about Resident #64 and Resident #42 she stated that she had not checked on their nails recently. She stated Resident #42 should have had her nails trimmed by a nurse and Resident #64 should have had help trimming his nails. She was trained on nail care and other ADL's when she was hired. She stated if residents do not have their nails trimmed, they could get dirty or sustain a cut.</p> <p>Interview with CNA A, on 02/20/25 at 11:45 am she stated that she was trained on ADL's when she was hired. The policy was to provide nail care as needed and after showers. She stated that she could not perform nail care on Resident #42 because she had diabetes. She stated Resident #64 frequently refused help with ADLs, but she would check with him that day. She stated that the residents could scratch themselves and the wound could be infected if it was dirty.</p> <p>Resident #31</p> <p>Record review of Resident #31's Face Sheet dated 01/15/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus (insufficient production of insulin, causing high blood sugar), schizoaffective disorder (mental disorder in which a person experiences a combination of symptoms of schizophrenia and mood disorder), acute respiratory failure with hypoxia (it occurs when there is inadequate oxygen exchange between the pulmonary capillaries and the alveoli), acute embolism and thrombosis (both conditions affecting blood flow through blood vessels), dysphagia (difficulty swallowing), muscle weakness (lack of muscle strength), and cognitive communication deficit (a person's ability to communicate effectively).</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #31's Minimum Data Set assessment dated on 01/27/2025 reflected a BIMS score of 09 indicating moderate cognitive impairment. Section GG functional abilities reflected toileting to be Dependent helper does ALL of 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. Shower/bathing to be substantial/maximal assistance helper does MORE THAN HALF the effort helper lifts or holds trunk or limbs and provides more than half the effort. Oral hygiene, setup or clean-up assistance helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Upper body dressing states to be partial/moderate assistance helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Lower body dressing states to be Substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort, and personal hygiene, the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene) stated to be Partial/moderate assistance helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>Record review of Resident #31's Care Plan last revised on 02/04/2025 reflected a focus on Resident #31 had an Activities of Daily Living Self Care Performance Deficit. Resident #31 would maintain or improve current level of function in personal hygiene. Will safely perform bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with supervision, independence, or modified independence.</p> <p>Record review of Resident #31 Activities of Daily Living Nail Care was conducted in which it states nail care to be completed as necessary and there was no documented data found showing nail care was completed in the last 30 days.</p> <p>In an observation and interview on 02/18/2025 at 10:48 AM with Resident #31, an observation was made of the resident's hands which revealed long fingernails that have not been trimmed. Resident # 31 fingernails were observed to be approximately half an inch long. Resident #31 stated he gets bathed, groomed, and fingernail trimming, but his fingernails are long in which he has not gone to get them trimmed during the designated times the facility does it. He wants them trimmed but has not had assistance.</p> <p>In an observation on 02/19/2025 at 3:00 PM of Resident #31, he was seen sleeping in his room with fingernails still untrimmed and not maintained.</p> <p>Resident #104</p> <p>Record review of Resident #104's Face Sheet dated 07/16/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included essential hypertension (high blood pressure), hyperlipidemia (abnormally high levels of fats in the blood, including cholesterol and triglycerides), dyspnea (shortness of breath or awareness of one's own breathing),hyperplasia without lower urinary tract symptoms (benign prostatic hyperplasia, nonmalignant adenomatous overgrowth of the periurethral prostate gland), unspecified protein calorie malnutrition (state of inadequate intake of food), muscle wasting and atrophy (the loss of muscle mass and strength), difficulty in walking, not elsewhere classified, muscle weakness, need for assistance with personal care, cognitive communication deficit, dysphagia (difficulty swallowing), oropharyngeal phase (part of the swallowing process), and unsteadiness on feet (feeling unstable or losing balance when walking)</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #104's Minimum Data Set assessment dated on 01/22/2025 reflected a BIMS score of 10 indicating moderate cognitive impairment. Section GG functional abilities reflected toileting to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Shower/bathing to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Oral hygiene, Setup or clean-up assistance helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Upper, lower body dressing, and personal hygiene states to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>Record review of Resident #104's Care Plan last revised on 07/17/2024 reflected a focus on Resident #104 had an Activities of Daily Living Self Care Performance Deficit weakness, impaired mobility, and impaired circulation. Resident #104 will safely perform bed, mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with assistance.</p> <p>Record review of Resident #104 Activities of Daily Living Nail Care was conducted in which it states nail care to be completed as necessary and there was no documented data found showing nail care was completed in the last 30 days.</p> <p>Resident #28</p> <p>During a record review on 02/18/2025 at 2:10PM, Resident #28's diagnosis indicated a primary diagnosis of Dementia with other behavioral disturbance and a secondary diagnosis of Schizophreniform disorder (mental disorder characterized variously by hallucinations, delusions and disorganized thinking and behavior).</p> <p>During a record review on 02/20/2025 at 11:10AM, Resident #28's care plan indicated Resident #28 had a focused area of ADL self-care performance Deficit related to impaired mobility. Resident #28's care plan indicated that Resident #28 requires 1 person assist with toileting and toileting hygiene initiated on 05/24/2018.</p> <p>During a record review on 02/20/2025 at 11:30AM, Resident #28's MDS record dated 10/01/2024, indicated a BIMS of 01 which indicated severely impaired cognitive ability. Resident #28's MDS indicated a toileting assistance number 4, meaning Resident #28 requires Supervision and touching assistance.</p> <p>In an observation and interview on 02/18/2025 at 10:33 AM with Resident #104, an observation was made of the resident's hands which revealed unmaintained long fingernails in which were approximately an inch long. Resident #104 stated he gets bathed and groomed, but his fingernails are long in which it's been a while since they have been trimmed by staff and he doesn't remember the last time his fingernails have been maintained. Resident #104 stated he has been wanting his fingernails to be trimmed.</p> <p>In an observation and interview on 02/19/2025 at 11:52 AM, it was observed Resident #104 was receiving nail treatment after previous observation of him having long fingernails. I observed nail care taking place by Registered Nurse A. Register Nurse A stated to be the Minimum Data Staff Coordinator and that normally she is not the one that does nail treatment. Registered Nurse A stated it is her understanding that nail treatment is to be completed once a week and as needed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 02/20/2025 at 2:36PM, Resident #28 was walking down the hall with their walker, and a strong urine odor came from the resident. During this observation, staff members had walked by and/or talked to Resident #28 without offering assistance for toileting.</p> <p>During an interview on 02/20/2025 at 10:15 AM with CNA B, he stated when the State is here, everything is perfect, and all staff helps, or the hire ups start to help more than usual. He has been a Certified Nurse Assistant since 2011. He has been working here for 2 years and has been covering the 300 hall for the same amount of time in which Resident #31 and Resident #104 are on. He is trained in Activities of Daily Living's and nail care. Resident showers are 3 times a week. He stated nail treatment and grooming is once a week. He offers the residents, but it is their right to refuse or want treatment a certain way. He will first ask his nurse if the resident is diabetic so he can step in and provide nail treatment for that resident since nurses are required to do it if the resident is diabetic. His expectation is making sure residents do not have dirty nails, that they are maintained, and that residents are well groomed.</p> <p>During an interview on 02/20/2025 at 10:35 AM with DON, she stated she has been a Director of Nursing for [AGE] years. She has been here for 7 years. She is trained in Activities of Daily Living's. She stated upon hire, all staff are trained for Activities of Daily Living's. She stated all staff go through orientation, skills check training to watch them go through the process, in-services if there is an issue or if something comes up, and annual training. Her expectations for nail treatment are making sure nails are checked, maintained, cleaned, offer the resident to do nail treatment, and if the resident is diabetic then nurses conduct nail treatment. She stated if she sees that a resident does not have nails treated, she will speak to the Certified Nurse Assistant or Nurse and have nail treatment done immediately. She stated if nail treatment is not done, a resident may scratch themselves. She stated if the resident did want nails trimmed, then it could affect their quality of life.</p> <p>During an interview on 02/20/2025 at 10:46 AM with ADM, he stated all staff go through Activities of Daily Living in-service trainings and reeducate them if there are concerns, annual trainings in which they are switching to doing it 2 or 3 times a year now, implementing daily practices, and bringing in 3rd party resources to help. His expectations are for facility staff to take care of the residents when it comes to grooming or nail treatment. He stated if a resident comes in with long nails, they first make sure that the resident does not have a medical issue and have the proper staff to treat them as well as follow safety. He stated it is not just his role but all managers role, they talk about Activities of Daily Living's at morning meetings, but it is everyone's expectation to jump in and help the residents with nail treatment if a resident is seen with untreated nails. He stated that he does not want any staff member to say that is not their job and not help a resident. He stated if a resident has not had their nails trimmed in a long period of time, it can affect their quality of life and needs to be fixed.</p> <p>During an interview on 02/20/2025 at 2:40PM, M A G stated that they have worked at the facility for 5 years. MA G stated they could smell a strong odor of urine on Resident #28. MA G stated that the CNA on the designated hall should be providing toileting assistance for Resident#28. MA G stated that Resident #28 receives showers on Mondays, Wednesdays and Fridays. MA G stated that a negative impact that could cause a resident is embarrassment.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/20/2025 at 2:50PM, CNA C stated that they had worked at the facility for 2 years now. CNA C stated that there is documentation of toileting on the charting system on the computer. CNA A stated she worked with Resident #28. CNA C stated that they would toilet the resident at the beginning of the shift and at the end of the shift, including sometimes in between.</p> <p>During an interview on 02/20/2025 at 3:10PM, the DON stated they had worked at the facility for 7 years. The DON stated the expectation for toileting residents is to meet the resident's needs and to ensure they are clean and dry. The DON stated the expectation is that CNA and qualified staff should assist with toileting at necessary. The DON identified nurses, aides and therapy as qualified staff. The DON stated that the expectation for staff if they smelled a resident that has an odor is to take the resident to their room and check them. The DON stated that Resident #28 typically does not smell like urine. The DON reported the care plan should say 2 person assist for Resident #28's toileting assistance. The expectation for staff to toilet residents is every 2 hours or as needed. The DON stated a negative impact this could cause the resident, is psychosocial embarrassment. The DON reported that trainings are provided on Relias yearly for staff.</p> <p>During an interview on 02/20/2025 at 03:30PM, the ADM stated that staff should be providing toileting needs every 2 hours but there is no policy on it. The ADM stated that Medication Aides, CNA's, and Nurses should provide toileting assistance. The ADM stated that nobody is above providing assistance. The ADM stated that residents should not be walking around the facility smelling like urine. The ADM stated that staff should immediately offer assistance to the resident if changing is necessary. The ADM stated showers should be provided to each resident when scheduled. The ADM stated that a Resident could smell like urine if they are wet. The ADM stated trainings for ADL and toileting is typically provided by the staffing coordinator, ADON, DON and everybody should be providing assistance with trainings. The ADM stated a negative impact it could cause a resident would be a social impact, other residents could smell the urine, and insecurities could arise for the resident. The ADM stated Resident #28 is demented and requires minimal assistance with toileting.</p> <p>Record Review of Nursing Services-ADL policy provided by the facility, dated 05/2007, revealed Nursing service staff cares for its residents in manner and in an environment that promotes maintenance or enhancement of each resident's quality of life and promotes care for residents in a manner and in an environment that maintains each residents' dignity and respect in full recognition of his or her individuality. Bullet point in this policy stated Residents receive assistance as needed to manag3e their physical needs which includes personal hygiene grooming, dressing, toileting, transferring, ambulating and eating.</p> <p>Record review of the facility Legend Oaks Healthcare and Rehabilitation Nursing Services Activities of Daily Living's policy with revised date 05/2007 stated the following:</p> <p>Nursing service staff cares for its residents in manner and in an environment that promotes maintenance or enhancement of each residents' quality of life and promotes care for residents in a manner and in an environment that maintains or enhance each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Each resident:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o Receives or is provided the necessary care and services enabling him/her to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehension assessment and plan of care.</p> <p>o Resides and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>o Retains and uses personal possessions including furnishings, and appropriate clothing as space permits, unless to do so would infringe on the rights or health and safety of other residents.</p> <p>o Residents receive assistance as needed to manage their physical needs which includes personal hygiene grooming, dressing, toileting, transferring, ambulating and eating.</p> <p>o Chooses activities, schedules, and health care consistent with his or her interest, assessments and plans of care and makes choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>o Ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical demonstrate that diminution was unavoidable.</p> <p>o Each Resident is assessed for their ability to perform Activities of Daily Living is and the assistance needed, and a plan of care is developed, and interventions are implemented based on their needs, goals of care and preferences.</p> <p>o Each resident receives adequate supervision and assistive devices as needed.</p> <p>o Resident or his/her representative has the right to refuse care and treatment. Refusal of care will be documented in the clinical record with a plan to minimize or decrease functional loss. Residents may refuse or resist care due to dementia. Attempts will be made to identify cause for refusal and alternate ways to provide care as appropriate.</p> <p>51115</p> <p>Based on observations, interview, and record review the facility failed to provide a resident who is unable to carry out activities of daily living the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 4 of 20 residents (Resident #64, Resident #42, Resident #31, and Resident #104) reviewed for Activities of Daily Living's.</p> <p>The facility failed to ensure Resident #64, Resident #42, Resident #31, and Resident #104's fingernails were trimmed 02/18/2025 through 02/20/2025.</p> <p>This failure could place residents at risk of not receiving services or care, diminished quality of life, and decreased self-esteem.</p> <p>Findings included:</p> <p>Resident #64</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #64 is a [AGE] year-old male admitted on [DATE] with pertinent diagnoses of Parkinson's Disease (a neurological brain disease that causes muscle tremors and degeneration), chronic kidney disease (a progressive disease of the kidneys that leads to organ degradation), generalized weakness, and a need for assistance with personal care.</p> <p>Resident #64's MDS dated [DATE] indicates a BIMS score of 03 indicating moderate to severe cognitive impairment and a need for set up or clean up assistance with personal hygiene.</p> <p>Resident #64's care plan states they are at risk for an ADL self-care deficit related to disease process and to check nail length and trim and clean on bath day and as necessary.</p> <p>Observation of Resident #64's nails on 02/18/25 at 10:30 am revealed untrimmed fingernails on both hands that were approximately 3 millimeters in length beyond the nailbed.</p> <p>In an interview with Resident #64 on 02/19/25 at 01:20 PM he stated it has been 4 months since someone had clipped his nails. He previously had a pair of nail clippers, but they went missing and he has been unable to clip his nails himself. He stated he did not like his nails long and wanted his nails trimmed. He stated the nurse used to do it but has not done it in a while.</p> <p>Resident #42</p> <p>Resident #42 is an [AGE] year-old female admitted on [DATE] with pertinent diagnoses of Type 2 diabetes (blood sugar dysregulation that causes weakness and disorientation, a need for assistance with personal care, unspecified dementia (a degenerative brain disease), and muscle wasting.</p> <p>Resident #42's MDS dated [DATE] a BIMS score of 08 which indicates moderate cognitive impairment and complete dependance on caregivers for personal hygiene needs.</p> <p>Resident #42's care plan indicates she is completely dependent for ADL performance and caregivers should encourage participation in ADL care and anticipate meeting her needs.</p> <p>Observation of Resident #42 on 02/18/25 at 1:30 pm revealed 4 fingernails that were long, 4 fingernails that had an unknown black substance under the nailbed, and one nail that was yellow in color and detached from the entire length of the nailbed on the left side.</p> <p>In an interview with Resident #42 1:30 pm she stated that they have not offered her nail care since she has been there. She did not think to ask, but stated her memory is bad and she would like to remember to ask them. She stated she always previously cared for her nails, and it made her feel pretty when they were done.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with RN F on 02/20/25 at 10:25 AM, she stated that CNAs were responsible for cutting nails after showers. If a resident has a diabetes diagnosis the CNAs were only allowed to file, the nails and a nurse should cut their nails. The residents should be offered nailcare 3x a week and if the nurse or CNA has identified a need. If another staff member identified the nails should be cut, but they had diabetes, they should communicate with the nurses. The nails should have been cut to their fingertips. When asked about Resident #64 and Resident #42 she stated that she had not checked on their nails recently. She stated Resident #42 should have had her nails trimmed by a nurse and Resident #64 should have had help trimming his nails. She was trained on nail care and other ADL's when she was hired. She stated if residents do not have their nails trimmed, they could get dirty or sustain a cut.</p> <p>Interview with CNA A, on 02/20/25 at 11:45 am she stated that she was trained on ADL's when she was hired. The policy was to provide nail care as needed and after showers. She stated that she could not perform nail care on Resident #42 because she had diabetes. She stated Resident #64 frequently refused help with ADLs, but she would check with him that day. She stated that the residents could scratch themselves and the wound could be infected if it was dirty.</p> <p>Resident #31</p> <p>Record review of Resident #31's Face Sheet dated 01/15/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus (insufficient production of insulin, causing high blood sugar), schizoaffective disorder (mental disorder in which a person experiences a combination of symptoms of schizophrenia and mood disorder), acute respiratory failure with hypoxia (it occurs when there is inadequate oxygen exchange between the pulmonary capillaries and the alveoli), acute embolism and thrombosis (both conditions affecting blood flow through blood vessels), dysphagia (difficulty swallowing), muscle weakness (lack of muscle strength), and cognitive communication deficit (a person's ability to communicate effectively).</p> <p>Record review of Resident #31's Minimum Data Set assessment dated on 01/27/2025 reflected a BIMS score of 09 indicating moderate cognitive impairment. Section GG functional abilities reflected toileting to be Dependent helper does ALL of 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. Shower/bathing to be substantial/maximal assistance helper does MORE THAN HALF the effort helper lifts or holds trunk or limbs and provides more than half the effort. Oral hygiene, setup or clean-up assistance helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Upper body dressing states to be partial/moderate assistance helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Lower body dressing states to be Substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort, and personal hygiene, the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene) stated to be Partial/moderate assistance helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #31's Car Plan last revised on 02/04/2025 reflected a focus on Resident #31 had an Activities of Daily Living Self Care Performance Deficit. Resident #31 would maintain or improve current level of function in personal hygiene. Will safely perform bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with supervision, independence, or modified independence.</p> <p>Record review of Resident #31 Activities of Daily Living Nail Care was conducted in which it states nail care to be completed as necessary and there was no documented data found showing nail care was completed in the last 30 days.</p> <p>In an observation and interview on 02/18/2025 at 10:48 AM with Resident #31, an observation was made of the resident's hands which revealed long fingernails that have not been trimmed. Resident # 31 fingernails were observed to be approximately half an inch long. Resident #31 stated he gets bathed, groomed, and fingernail trimming, but his fingernails are long in which he has not gone to get them trimmed during the designated times the facility does it. He wants them trimmed but has not had assistance.</p> <p>In an observation on 02/19/2025 at 3:00 PM of Resident #31, he was seen sleeping in his room with fingernails still untrimmed and not maintained.</p> <p>Resident #104</p> <p>Record review of Resident #104's Face Sheet dated 07/16/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included essential hypertension (high blood pressure), hyperlipidemia (abnormally high levels of fats in the blood, including cholesterol and triglycerides), dyspnea (shortness of breath or awareness of one's own breathing),hyperplasia without lower urinary tract symptoms (benign prostatic hyperplasia, nonmalignant adenomatous overgrowth of the periurethral prostate gland), unspecified protein calorie malnutrition (state of inadequate intake of food), muscle wasting and atrophy (the loss of muscle mass and strength), difficulty in walking, not elsewhere classified, muscle weakness, need for assistance with personal care, cognitive communication deficit, dysphagia (difficulty swallowing), oropharyngeal phase (part of the swallowing process), and unsteadiness on feet (feeling unstable or losing balance when walking)</p> <p>Record review of Resident #104's Minimum Data Set assessment dated on 01/22/2025 reflected a BIMS score of 10 indicating moderate cognitive impairment. Section GG functional abilities reflected toileting to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Shower/bathing to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Oral hygiene, Setup or clean-up assistance helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Upper, lower body dressing, and personal hygiene states to be substantial/maximal assistance helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>Record review of Resident #104's Care Plan last revised on 07/17/2024 reflected a focus on Resident #104 had an Activities of Daily Living Self Care Performance Deficit weakness, impaired mobility, and impaired circulation. Resident #104 will safely perform bed, mobility, transfe[TRUNCATED]</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48917</p> <p>Based on observation, interview and record review the facility failed to ensure each resident bedside and toilet and bathing facilities were adequately equipped to allow all residents to call for staff assistance through a communication system that would relay the call directly to a staff member or a centralized staff work area for 1of 14 residents (Resident #102 and Resident # 34) reviewed for resident call system .</p> <p>The facility failed to provide a working communication system, that was easily at reach, that would allow Resident #102 the ability to safely call for staff for assistance.</p> <p>This failure could place residents at risk of not having a means of directly contacting caregivers in an emergency or when they needed support for daily living.</p> <p>Findings include:</p> <p>Review of the face sheet for Resident #102 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included congestive heart failure (when your heart can't pump blood well enough to give your body a normal supply), chronic kidney disease (longstanding disease of the kidneys leading to renal failure), hypertension (high blood pressure), diabetes mellitus type 2, unspecified visual loss, muscle wasting and atrophy (loss of muscle mass and strength, typically caused by a lack of physical activity, injury, malnutrition, or certain medical conditions, leading to a decrease in muscle size and function), difficulty walking, right femur fracture, and need for assistance with personal care.</p> <p>Review of Resident #102's Quarterly MDS dated [DATE] reflected a BIMS Score of 12, which indicated he had a mild cognitive impairment. The MDS also reflected Resident #102 required partial to moderate assistance for ADLs, including bed to chair transfers.</p> <p>Record review of Resident #102's Care Plan dated 12/09/24 reflected a focus area of being at high risk for falls related to a recent fall with right femur fracture. The goal indicated Resident #102 would not sustain serious injury through the review date, and an intervention reflected to be sure the call light was within reach and encourage to use it to call for assistance as needed. The Care Plan further indicated a focus area for ADL self-care performance deficit related to right femur fracture. The goal and interventions were for Resident #102 to safely perform bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with assistance of one staff member through the review date.</p> <p>An observation and interview on 02/18/25 at 10:24 AM revealed Resident #102 was sitting up in his wheelchair on the right side of his bed. He was wearing sunglasses due to low vision. Resident #102's call light was wrapped around the bedrail on the left side of bed and out of reach. Resident #102 stated he could not reach the call light that was wrapped around the left bedrail.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and interview on 2/19/25 at 10:10 AM revealed Resident # 34 was sitting up in bed. Resident states her call light was not within reach and that her call light is frequently put not within reach by the staff. Observation of call light dangling from bedside on left side near handrail and looped around handrail once. Resident has contractures of right hand and limited ROM for left hand.</p> <p>Interview on 2/19/25 at 2:55 PM the DON was asked,; Should residents have access to their call lights? Yes, always.</p> <p>Who is responsible for ensuring residents have access to their call lights? Everyone</p> <p>How often are residents checked to ensure their call light is within reach? All the time and but minimum of best practice of every 2 hours.</p> <p>Can it negatively affect a resident if they do not have access to their call light? Yes</p> <p>How can it negatively affect a resident if they do not have access to their call light? Their needs could not be met.</p> <p>Interview on 2/20/25 at 1:15 AM the SW was asked: Should residents have access to their call lights? Yes always.</p> <p>Who is responsible for ensuring residents have access to their call lights? All staff are responsible. How often are residents checked to ensure their call light is within reach? Every shift and best practice of every 2 hours.</p> <p>Can it negatively affect a resident if they do not have access to their call light? Yes physically, mentally, psychologically.</p> <p>Interview on 2/20/25 at 1:41 PM the MA H was asked Should residents have access to their call lights? Yes</p> <p>Who is responsible for ensuring residents have access to their call lights? First off CNA's and then all other staff. Anybody can answer a call light. How often are residents checked to ensure their call light is within reach? Every 2 hours, beginning of shift, end of shift, all times. Can it negatively affect a resident if they do not have access to their call light? Yes. How can it negatively affect a resident if they do not have access to their call light? The resident can feel neglected emotionally and physically.</p> <p>Interview on 2/20/25 at 2:40 PM CNA E was asked: How often are trainings held? Monthly and sometimes biweekly</p> <p>Should residents have access to their call lights? Yes</p> <p>Who is responsible for ensuring residents have access to their call lights? All staff</p> <p>How often are residents checked to ensure their call light is within reach? All the time</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Can it negatively affect a resident if they do not have access to their call light? Yes</p> <p>How can it negatively affect a resident if they do not have access to their call light? The resident could need help and not receive it, or an accident could occur.</p> <p>Interview on 2/20/25 at 2:46 PM CMA was asked: Should residents have access to their call lights? Yes</p> <p>Who is responsible for ensuring residents have access to their call lights? CNA's</p> <p>How often are residents checked to ensure their call light is within reach? Every 2 hours or more often if the resident needs more often can it negatively affect a resident if they do not have access to their call light? Yes</p> <p>How can it negatively affect a resident if they do not have access to their call light? If the resident needs help or possible accidents occur.</p> <p>Interview on 2/20/25 at 2:50 PM CNA I was asked: Should residents have access to their call lights? Yes, always.</p> <p>Who is responsible for ensuring residents have access to their call lights? CNA's and then all staff</p> <p>How often are residents checked to ensure their call light is within reach? All the time and every 2 hours</p> <p>Can it negatively affect a resident if they do not have access to their call light? Yes</p> <p>How can it negatively affect a resident if they do not have access to their call light? Resident could not receive the services they need such as toileting, water, pain medication.</p> <p>Interview on 2/20/25 at 3:00 PM the ADM was asked: Should residents have access to their call lights? Yes, always.</p> <p>Who is responsible for ensuring residents have access to their call lights? All staff</p> <p>How often are residents checked to ensure their call light is within reach? As frequent as possible but at minimum every 2-3 hours can it negatively affect a resident if they do not have access to their call light? Yes</p> <p>How can it negatively affect a resident if they do not have access to their call light? It could make the resident feel like nobody is paying attention. How are staff trained about respect and dignity, ADL's, call lights? I am very big on training lots of customer service training. Immediately after an incident occurs and at least monthly in-service trainings.</p> <p>Review of the facility Policy & Procedure for Call Light/Bell dated May 2007 reflected, It is the policy of this facility to provide a means of communication with nursing staff.</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 02/20/2025
NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation - North		STREET ADDRESS, CITY, STATE, ZIP CODE 11020 Dessau Rd Austin, TX 78754	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> 1. Answer the light/bell within a reasonable time. 2. Turn off the call light/bell. 3. Listen to the president's request/need. 4. Respond to the request. If the item is not available or you are not able to assist, explain to the resident and notify the charge nurse for further instruction. 5. Leave the resident comfortable. Place the call device within the resident's reach before leaving room.