

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Villa Toscana at Cypress Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 15015 Cypress Woods Medical Dr Houston, TX 77014	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to designate a registered nurse to serve as the DON (Director of Nursing) on a full-time basis for 1 of 1 DON reviewed for DON coverage. The facility failed to have a full-time DON from 06/24/2026 to 07/08/2026. This failure could place residents at risk of lack of nursing administrative oversight that only the DON can provide. During an interview on 07/08/26 at 9:00 AM, the Administrator stated the former DON, who was an RN, accepted a corporate position, was currently in training but had returned every now and then over the past 2 weeks (06/24/26 to 07/08/26) to finish some work. The Administrator stated the facility's two ADONs, who were LVNs, were assigned to the DON duties until the newly hired DON begins work at the end of July 2026. The Administrator stated there was currently no interim DON. During an interview on 07/08/26 at 4:30 PM, the Administrator stated he did not have a waiver for DON requirements. The Administrator stated he did not document the number of hours the former DON worked over the last 2 weeks (06/24/26 to 07/08/26), but she stepped in two times a week. The Administrator stated the former DON worked maybe half a day on 07/03/26 and 07/07/26. The Administrator stated that he had not designated an RN to serve as DON and if needed he would designate one of the staff RNs until the new DON arrives. Record review of the facility's document titled Job Description for the Director of Nursing dated 2014 read in part: The following is a non-exhaustive criterion that relates to the job of a Director of Nursing, and it is consistent with the business needs of the facility. These are legitimate measures of the qualifications for Director of Nursing and are related to the functions that are essential to the job of a Director of Nursing. Knowledge Base: Registered Nurse with required state licensure. Working knowledge of nursing home regulations. Accountable for nursing compliance, excellence, and delivery of resident care services in adherence with The Company, local, state, and federal regulations. Manage nursing staff through appropriate hiring, training, evaluation, assignment, and delegation of duties, within budget and resident census guidelines. Augment floor staffing if needed .		

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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