STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676272	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation-Kyle	1640 Fairway Kyle, TX 78640

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 of 5 residents (Resident#1, Resident #2 and Resident#3) reviewed for respiratory care.The facility failed to ensure the humidifier water bottle and oxygen cannula connected to the oxygen concentrator of Resident#1, Resident #2 and Resident #3 were changed every Sunday as ordered by the physician.This failure could place residents at risk for respiratory infections through contamination.Findings included:Resident #1Record review of Resident #1's face sheet dated 05/26/26 reflected Resident #1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed with multiple fractures of ribs, acute and chronic respiratory failure with hypoxia(low oxygen level), and chronic obstructive pulmonary disease(breathing difficulty.Record review of Resident #1's initial MDS dated [DATE] reflected a BIMS score of 12 indicating her cognition was moderately impaired. Further review revealed she was on oxygen therapy for respiratory issues.Record review of Resident #1's care plan dated 03/09/25 reflected that she had Chronic Obstructive Pulmonary Disease and was on oxygen therapy. The relevant intervention was administering oxygen as per physician's order.Record review of Resident #1's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. -Order Date-03/07/2026.During an observation on 05/26/26 at 10:45 am it was revealed that Resident#1 was resided in Hall 100 and on continuous oxygen therapy. Observation of the humidifier bottle revealed the date written on it was 05/18/26.Record review of the MAR of Resident #1 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26. Resident #2Record review of Resident #2's face sheet dated 05/26/26 reflected Resident #2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed with pneumonia and personal history of other diseases of the respiratory system,.Record review of Resident #2's quarterly MDS dated [DATE] reflected a BIMS score of 07 indicating her cognition was severely impaired. Further review revealed she was on oxygen therapy for respiratory issues.Record review of Resident #2's care plan dated 03/09/25 reflected that she had oxygen therapy r/t ineffective gas exchange due to hypoxia. The relevant intervention was administering oxygen as per physician's order.Record review of Resident #2's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. -Order Date-05/07/2025.During an observation on 05/26/26 at 11:00 am it was revealed that Resident#2 was resided in Hall 100 and on continuous oxygen therapy. Observation of the humidifying bottle revealed the date written on it was 05/18/26.Record review of the MAR of Resident #2 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26. Resident #3Record review of Resident #3's face sheet, dated 05/26/26 , reflected Resident #3 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed with acute respiratory failure with hypoxia and pneumonia.Record review of Resident #3's quarterly MDS dated [DATE] reflected a BIMS score of 15 indicating her cognition was intact. Further review (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676272	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation-Kyle	1640 Fairway Kyle, TX 78640

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed it did not reflect her diagnoses of acute respiratory failure. There was no respiratory therapy reflected on the MDS.Record review of Resident #3's care plan dated 05/18/26 reflected that she was on oxygen therapy r/t respiratory illness and relevant intervention was providing oxygen as ordered by the physician.Record review of Resident #3's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. -Order Date-05/16/2025.During an observation on 05/26/26 at 11:15 am it was revealed that Resident #3 resided in Hall 100 and was on continuous oxygen therapy. Observation of the humidifier bottle revealed the date written on it was 05/17/26.Record review of the MAR of Resident #3 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26.During a telephone interview on 05/26/26 at 1:35 pm, LPN A stated that he served as the night shift nurse for Hall 100 on 05/18/26. He indicated that it was his responsibility as the Sunday night shift nurse to change the humidifier bottles and oxygen tubes for residents in that hall. He identified Residents #1, Resident#2, and Resident#3 as being on continuous oxygen therapy provided by an oxygen concentrator. LPN A said that he had planned to change these items but, due to being occupied with other nursing tasks, he forgot to do so. He said that regular changing of these components was necessary to minimize the risk of respiratory infections and stated that failing to do so compromised infection control protocols. He said that it was the duty of every nurse to adhere to physician's orders by administering medications, therapies, and treatments as prescribed. He stated that he was aware that nurses are supposed to sign the MAR only after completing the task. He said that he marked the task as completed in advance in MAR, before actually performing it, and stated that this practice was not compliant with professional standards. He said he would not repeat this mistake in the future.During an interview on 05/26/26 at 1:45pm, LVN B stated that she was the charge nurse on Hall 100 on 05/24/26. She reported that approximately 30 minutes prior, the ADON had asked her to check whether the humidifiers of Residents #1,Resident #2, and Resident#3 had been changed on 05/24/26, and to change them if they had not. She stated that she had replaced the humidifier bottles and oxygen tubes for all three residents, as they had not been changed on the specified date. LVN B explained that the physician's order specifically required these components to be changed every Sunday during the night shift. She noted that although she routinely checked the equipment daily, she did not notice in the last two days that the changes had not been completed. She stated that routine replacement was important to reduce the risk of infection. She stated that she had not noticed that the task had been marked as completed on 05/24/26 , on the MAR. LVN B explained that part of her responsibilities included the administration of medication and treatments, and she would only document in the MAR after administering each medication or treatment, not beforehand.In an interview conducted on 05/26/26 at 3:00 pm, the DON stated that humidifier bottles, tubing, and oxygen nasal cannulas should be removed and replaced with new ones as ordered by the physician. She explained that this practice was intended to minimize the risk of respiratory infections caused by contaminated equipment. The DON further clarified that it was the responsibility of the nurse on the Sunday night shift to ensure that this task was completed routinely. She also stated that all nurses on other shifts had a duty to verify that the Sunday night nurse had completed this task and to make replacements as soon as they were noticed if not. She stated that nurses are supposed to document a task in the medical record only after it has been completed. She said that false documentation could negatively impact the residents' plan of care and that in turn negatively impact the quality of care.Record review of the in-service since Marh 2026 revealed there were no in services on safe handling of respiratory equipment.Review of the facility policy Oxygen Administration(Mask, Cannula, Catheter)revised in May,2007 reflected : It is the policy of this facility that oxygen therapy is administered, as ordered by the physician or as an emergency measure until the order can be obtained.2. Oxygen tubbing is to be replaced every seven (7) days. Oxygen masks or nasal prongs are to be replaced every seven (7) days.3. Replace disposable humidifiers every seven (7) days or as needed when empty.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676272	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation-Kyle	1640 Fairway Kyle, TX 78640

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that the medical records were in accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are complete, accurately documented, readily accessible; and systematically organized for 3 of 5 residents (Resident#1,Resident #2 and Resident#3) reviewed for respiratory care. The facility failed to ensure LPN A not documenting the of changing of water bottle and oxygen cannula connected to the oxygen concentrator of Resident#1, Resident #2 and Resident #3 as completed on 05/24/26, on MARs, when it was not completed on that day, as ordered by the physician.This failure placed residents at risk for respiratory infections through contamination.Findings included:Record review of Resident #1's face sheet dated 05/26/26 reflected Resident #1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed withmultiple fractures of ribs, acute and chronic respiratory failure with hypoxia(low oxygen level), chronic obstructive pulmonary disease(breathing difficulty), type 2 diabetes, muscle weakness and unsteadiness on feet.Record review of Resident #1's initial MDS dated [DATE] reflected a BIMS score of 12 indicating her cognition was moderately impaired. Further review revealed she was on oxygen therapy for respiratory issues.Record review of Resident #1's care plan dated 03/09/25 reflected that she had Chronic ObstructivePulmonary Disease and was on oxygen therapy. The relevant intervention was administering oxygen as per physician's order.Record review of Resident #1's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. -Order Date-03/07/2026.During an observation on 05/26/26 at 10:45 am it was revealed that Resident#1 was resided in Hall100 and on continuous oxygen therapy. Observation of the humidifier bottle revealed the changed date written on it was 05/18/26 Record review of the MAR of Resident #1 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26. Record review of Resident #2's face sheet dated 05/26/26 reflected Resident #2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed withpneumonia, heart failure, chronic kidney disease, personal history of other diseases of the respiratory system, dementia, muscle weakness, hypertension and need for assistance with personal care. Record review of Resident #2's quarterly MDS dated [DATE] reflected a BIMS score of 07 indicating her cognition was severely impaired. Further review revealed she was on oxygen therapy for respiratory issues.Record review of Resident #2's care plan dated 03/09/25 reflected that she had oxygen therapy r/t ineffective gas exchange due to hypoxia. The relevant intervention was administering oxygen as per physician's order.Record review of Resident #2's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. -Order Date-05/07/2025.During an observation on 05/26/26 at 11:00 am it was revealed that Resident#2 was resided in Hall100 and on continuous oxygen therapy. Observation of the humidifying bottle revealed the changed date written on it was 05/18/26Record review of the MAR of Resident #2 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26.Record review of Resident #3's face sheet, dated 05/26/26 , reflected Resident #3 was initially admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female diagnosed withacute respiratory failure with hypoxia, pneumonia, muscle weakness, unsteadiness on feet and other lack of coordination.Record review of Resident #3's quarterly MDS dated [DATE] reflected a BIMS score of 15 indicating her cognition was intact. Further review revealed it did not reflect her diagnoses of acute respiratory failure.Record review of Resident #3's care plan dated 05/18/26 reflected that she was on oxygen therapy r/t respiratory illness and relevant intervention was providing oxygen as ordered by the physician.Record review of Resident #3's physician's order reflected : Change O2 tubing &humidifier bottle every night shift every Sunday. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676272	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation-Kyle	1640 Fairway Kyle, TX 78640

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Order Date-05/16/2025.During an observation on 05/26/26 at 11:15 am it was revealed that Resident#3 was resided in Hall100 and on continuous oxygen therapy. Observation of the humidifying bottle revealed the changed date written on it was 05/17/26Record review of the MAR of Resident #3 revealed LPN A documented that the Oxygen tubing &humidifier bottle were changed on 05/24/26.During a telephone interview on 05/26/26 at 1:35pm, LPN A stated that he served as the night shift nurse for Hall 100 on 04/18/26. He indicated that it was his responsibility as the Sunday night shift nurse to change the humidifier bottles and oxygen tubes for residents in that hall. He identified Residents #1, Resident#2, and Resident#3 as being on continuous oxygen therapy provided by an oxygen concentrator. LPN A said that he had planned to change these items but, due to being occupied with other nursing tasks, he forgot to do so. He stated that he was aware that nurses are supposed to sign the MAR only after completing the task. He said that he marked the task as completed in advance in MAR, before actually performing it, and stated that this practice was not compliant with professional standards. He said he would not repeat this mistake in the future.During an interview on 05/26/26 at 1:45pm, LVN B stated that she was the charge nurse on Hall 100 on that day. She reported that approximately 30 minutes prior, the ADON had asked her to check whether the humidifiers of Residents #1,Resident #2, and Resident#3 had been changed on 05/24/26, and to change them if they had not. She confirmed that she had replaced the humidifier bottles and oxygen tubes for all three residents, as they had not been changed on the specified date. LVN B explained that the physician's order specifically required these components to be changed every Sunday during the night shift. She stated that she had not noticed that the task had been marked as completed on 05/24/26 , on the MAR. LVN B explained that part of her responsibilities included the administration of medication and treatments, and she would only document in the MAR after administering each medication or treatment, not beforehand.In an interview conducted on 05/26/26 at 3:00 pm, the DON stated that humidifier bottles, tubing, and oxygen nasal cannulas should be removed and replaced with new ones as ordered by the physician. She explained that this practice was intended to minimize the risk of respiratory infections caused by contaminated equipment. The DON further clarified that it was the responsibility of the nurse on the Sunday night shift to ensure that this task was completed routinely. She stated that nurses are supposed to document a task in the medical record only after it has been completed. She said that false documentation could negatively impact the residents' plan of care and that in turn negatively impact the quality of care.Record review of the facility policy Documentation and Charting revised in July 2022 indicated POLICY:It is the policy of this facility to provide.1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care.