

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation Garland		STREET ADDRESS, CITY, STATE, ZIP CODE 2625 Belt Line Road Garland, TX 75044	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>44021</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure that each resident had a right to personal privacy and confidentiality of his or her own personal medical records for 1 (Resident #94) of 2 residents investigated for privacy of medical records.</p> <p>The facility failed to ensure when Resident #93 discharged from the facility Resident #94's Personal Private Information was not handed to Resident #93's Resident's representative.</p> <p>This failure could place residents at risk of having medical information exposed to others and possible misuse of personal information.</p> <p>Findings included:</p> <p>Review of an attachment to the complaint intake revealed two pictures of a document that was discerned to be Resident #94's Face Sheet which contained Resident #94's name, birthdate, social security number and all diagnosis.</p> <p>In an interview on 02/14/2025 at 10:21 AM with the resident representative for Resident #93 the resident representative stated that she had been at the facility to assist with the discharge of Resident #93 when she was handed Resident #93's medical/personal records by an unknown staff member. She stated it was not until a few days later that she discovered that the facility had also included Resident #94's face sheet.</p> <p>In an interview on 02/20/2025 at 2:12 PM , the DON stated after reviewing the pictures of the documents in the possession of Resident #93's resident representative that the documents were the Face Sheet for Resident #94. She stated that the incident must have happened two years ago, but that all staff should always be aware of protecting resident information. She stated that they have not had any other similar incidents in the past 12 months that she had been working as the DON at the facility. She stated it was important to protect resident private/medical information or residents could be at risk of psychological or financial harm.</p> <p>Record Review of facility provided policy, Labeled, Protected Health Information (PHI) Management and Protection, date Revised on April 2023, stated:</p> <p>Policy Statement: Protected Health Information (PHI) shall not be used or disclosed except as permitted by current federal and state laws.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Interpretation and Implementation:</p> <p>1. It is the responsibility of all personnel who have access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure.</p> <p>Record Review of HIPAA Privacy Laws listed on the Texas Health and Human Services, dated 04/11/2024, online website, at: http://www.hhs.texas.gov/regulations/legal-information/hipaa-privacy-laws, date not listed. Stated: Privacy Rule: The HIPAA privacy rule establishes national standards protecting medical records and other personal health information.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44021</p> <p>Based on observation, interview and record review, the facility failed to store food in accordance with professional standards for food safety in the facility's only kitchen.</p> <p>The facility failed to ensure that food items past there expiration date were discarded.</p> <p>This failure could place residents at risk of exposure to food borne illnesses.</p> <p>Findings included:</p> <p>In an observation and interview on 02/18/2025 at 9:41 AM two 48-ounce plastic jars of opened Spaghetti Sauce were observed on a shelf in the walk-in refrigerator in the kitchen of the facility. Both jars were found to have no dates of when they were opened or a discard date. The Dietary Manager stated all food in the walk-in refrigerator should have an open and discard date. She stated foods that are past their discard dates could become spoiled and possibly expose residents to possible food-related illness. She stated because there were no dates on the containers, she was unable to determine when they were opened or when they should be discarded.</p> <p>In an interview on 2/18/2025 at 10:09 AM [NAME] F revealed that it was important to make sure all leftover foods in the refrigerator have an opened and discard date. She stated that it could make residents ill if they are exposed to possibly spoiled foods. She stated that she had received training on how to properly store foods.</p> <p>Record review of all dietary aides and Cooks food safety certificates found that all certificates were up to date.</p> <p>In an interview on 2/20/2025 at 2:32 PM the DON revealed that if residents ingested spoiled foods or foods that were past their respective discard dates it could cause food-borne illnesses or discomfort to residents.</p> <p>Review of the facility's policy Frozen and Refrigerated Foods Storage, revised November 2017, reflected, 9. Items stored in the refrigerator must be dated upon receipts, unless they contain a manufacturer use by, sell by, best by date, or a date delivered .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Food and Drug Administration Food Code dated 2017 reflected, 3-305.11 Food Storage (B) . refrigerated, ready-to eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . Date marking is the mechanism by which the Food Code requires active managerial control of the temperature and time combinations for cold holding. Industry must implement a system of identifying the date or day by which the food must be consumed, sold, or discarded.</p>		