STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676417	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling Oaks Rehabilitation	25150 Lakecrest Manor Dr Katy, TX 77493

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interviews, and record reviews, the facility failed to ensure the residents' right to secure and confidential personal and medical records for 6 (unknown resident) residents. The facility failed to ensure the privacy of the unknown residents by locking the laptop screen, so the residents' information could not be seen by someone walking by. This failure put residents at risk for confidential health information exposure, psychosocial harm, and decreased quality of life. Findings included:Observation on 4-14-2026 at 9:20 AM - During initial rounds of the facility, it was by the observed in the common area that the laptop on the crash cart was open, with Matrix electronic health care records platform displaying several residents' information on the screen. The AD asked if this surveyor needed help, and I advised the AD that the laptop screen was open, displaying the residents' information. The AD stated that was her laptop and that someone was yelling for help, so she did not think to shut the laptop. AD stated that it was more important to assist the resident than to close the laptop. An interview on 04/15/2026 at 12:20 PM with LPN B revealed that she has worked at the facility for 5 years. LPN B stated that if she ever steps away from the laptop, it should be closed or the screen locked. The LPN B stated that when she administers medication, she keeps a screen open, retrieves the medications, locks the screen, and gives the resident the medication. The LPN B stated that if the laptop is left open with the resident's information on it, someone could see it and know what's going on with the resident. The LPN B stated that leaving the laptop open with the resident's information is a HIPAA violation. The LPN B stated that she has had in-service training on HIPAA and confidentiality of residents' records. The LPN B stated the last time she had in-service training was about two weeks ago. An interview on 04/15/2026 at 12:40 PM, with AD revealed the following. AD stated that someone was in the corner and yelled for help. The AD stated that she should have closed the laptop, but she didn't think about it at the time because she was helping the resident. The AD stated that she is not supposed to leave the laptop open with residents' information on the screen. She stated that if the laptop is left open, then someone could get the residents' information. The AD stated that it is the user's responsibility to close the laptop or lock the screen when it is left. The AD stated that this is a HIPAA violation. The AD stated that the last time she had been in-serviced on HIPAA and privacy was on 3-17- 2026.An interview on 04/15/2026 at 1:42 PM with CNA A revealed that she has been at the facility for five years 5 years. CNA A stated that the laptop screen should never be left open with residents' information displayed. The CNA stated that if a laptop is left open with residents' information on it, anyone walking by could access that information. CNA A stated she's never seen anybody leave the laptop screen open with resident information on it. CNA A stated that if she saw someone leave the screen open with residents' information on it, she would close the laptop screen and remind that person that the screen cannot be left open with residents' information on it. CNA A stated that she has had in-service training on HIPAA and resident rights. The CNA A stated that they usually have that training every three months. CNA A stated that the last time she had that training was a month ago.An interview on 04/15/2026 at 1:46 pm with RN C revealed that she has been at the facility for 4 months. RN C stated that laptop screens should never be left open so that someone passing by can see the residents' information. RN C stated, Never seen any other staff at the facility leaving their laptops open with resident information on the (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	screen. RN C stated that if she did see another staff member leaving the laptop open, she would close it and remind them that they need to keep this resident's information safe. RN C stated that leaving resident information on the screen for someone passing by to see it is a HIPAA violation. RN C stated that she has had in-service training on HIPAA and residents' rights within the last month.An interview on 04/15/2026 at 1:51 pm with DON revealed that she has been at the facility for five years. The DON stated that it is her expectation that all staff at the facility using laptops with resident information on the screen should keep it secure. The DON stated that whenever she walks away from the laptop screen displaying resident information, she will shut or lock the screen. The DON stated that she has not witnessed staff leaving laptops open with resident information on the screen. The DON stated that if she did see it, she would remind the staff to shut the laptop screen or lock it. The DON stated that she would then start an in-service training. The DON stated that she has had in-service training on HIPAA and residents' rights. The DON stated that they have been providing in-service training every three months on HIPAA and privacy policies.An interview on 04/15/2026 at 2:21 pm with the ADM he stated that the staff told him a resident was yelling for help, and the AD went to assist the resident and did not close the laptop. The ADM stated that if it were his mom yelling for help, then he would not worry about the laptop being closed. The ADM stated that if a laptop is left open, a state worker can access the residents' information. The ADM stated that he has not seen any staff members leave laptops open with resident information on the screen. The ADM stated that if he saw a screen open, he would close the screen and remind the staff members that they needed to shut or lock the screen. The ADM stated that this is a HIPAA violation; don't leave the screen open with residents' information on it.Record Review of Health Information Management Policies And Procedures Policy revised on 4-29-2022 revealed the following.POLICY: Protected Health Information (PHI) is not be used or disclosed in a manner that violates the HIPAA Privacy Rule, Facility's Policies and Procedures or any other federal or state regulation governing confidentiality and the privacy of health information. The staff prevents the prohibited uses and disclosures of PHI and limits incidental uses and disclosures when PHI is posted within the Facility for permitted purposes. PHI is not posted or displayed in a public location except as allowed by the HIPAA Privacy Rule and identified in the Notice of Privacy Practices or as required by federal and state laws and regulations. All employees safeguard electronic protected health information in an effort to fulfill their duty to maintain the confidentiality and integrity of patient/resident health information as required by law, professional ethics and accreditation requirements. Access to and the use and disclosure of electronic protected health information is limited to the minimum necessary to fulfill the employee's obligations and duties. When accessing systems or applications that contain electronic protected health information including systems or applications administered by health plans or other providers; the following procedures must be followed. Whenever possible, the de-identified information will be used.